JULY 1, 1950

MODERN MEDICINE

The Journal of Diagnosis and Treatment

Dr. Russell N. DeJong
(see page 9)

Table of contents page 9

For your allergic patients . . . the antihistamine that gives

'Round-the-clock relief from 4 small doses

Decapryn's *long-lasting relief*,[1] combined with *low milligram dosage*,[2] makes it the ideal antihistamine for treating difficult allergies, or patients who have not responded to other drugs.

1. "Symptoms were relieved from 4 to 24 hours after the administration of a single dose of Decapryn—" . . . Sheldon, J.M. Et al: Univ. Mich. Hosp. Bull. 14:13-15 (1948)
2. "It was found that 12.5 mg. could be given during the day with comparatively few side reactions and yet maintain good clinical results—" . . . MacQuiddy, E.L.: Neb. State M.J. 34:123 (1940)

DECAPRYN®

The long-lasting, low-dosage prescription antihistamine

DECAPRYN (DOXYLAMINE) SUCCINATE
Available on prescription only, as pleasant-tasting liquid, or tablets (12.5 mg., 25 mg.)

Merrell
1828
CINCINNATI • U.S.A.

in Menopausal Neuroses

butisol sodium

—to control nervous symptoms of the menopause and still permit the patient to perform her regular duties.

"The mild relatively prolonged action of the drug makes it suitable for management of many functional disorders . . ." *

Butisol is destroyed in the body—is not dependent upon renal excretion. With proper regulation of dosage there is no cumulative action and a minimum of "hang-over."

DOSAGE FORMS: Elixir Butisol Sodium, 0.2 Gm. (3 gr.) per fl. oz. Also Capsules, 0.1 Gm. (1½ gr.); Tablets, 15 mg. (¼ gr.), 30 mg. (½ gr.), 50 mg. (¾ gr.) and 0.1 Gm. (1½ gr.).

*Dripps, R. D.: Selective Utilization of Barbiturates—As Illustrated by a Study of Butabarbital Sodium (N.N.R.), J.A.M.A. *139*:148 (Jan. 15) 1949.

Elixir butisol sodium

Elixir Butisol Sodium—bright, green color; inviting flavor; excellent prescription vehicle. Samples on request.

Now....

A NEW *Oral* DIURETIC

MERCURITAL

TO EFFECTIVELY REPLACE INJECTABLE MERCURIALS IN CASES SUITABLE FOR ORAL MEDICATION

MERCURITAL, *in uncoated tablet form*, is a new and unique formulation of mercury and theobromine (Purital*).

Clinical studies show MERCURITAL to be effective in all cases suitable for oral medication and where injectible mercurials have ordinarily been used. It provides a copious and prolonged diuresis *without nausea* or other side effects. It may be used alone or with parenteral mercurials in either mild or severe edema of ambulatory or bedfast patients.

MERCURITAL is available on your prescription in bottles of 100 tablets. Your pharmacist has it or can obtain it for you.

References:*—*Stroud, Wm. D., and Stroud, Morris W., III, Clinics, Lippincott, June 1, 1946. Year Book of General Medicine, 1947. Laplace, Louis B., (Rehfus, Albrecht, Price) Practical Therapeutics, 1948. Stroud, Wm. D., Current Therapy, 1949. Wagner, Joseph A., (Steiglitz) Geriatrics, 1949.*

PROFESSIONAL SAMPLES AVAILABLE UPON REQUEST

A. J. PARKER COMPANY

PHARMACEUTICAL CHEMISTS • PHILADELPHIA 4, PA.

years of constipation

due to bulk deficiency

corrected in days

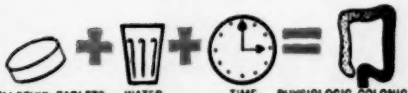
Bargen reports "a large number of patients"[1] whose obstinate constipation was corrected with Cellothyl.

> "These patients were not afflicted with any ordinary form of constipation, for they had taken large quantities or as some of them said 'barrels of laxatives' of one kind or another. The results achieved are all the more striking" in those who felt "no hope for the relief of their obstinate constipation."

In "obstinate constipation of long duration"[1]—even from early childhood—Cellothyl produced a striking change for the better.

Physiologically correct: Cellothyl follows the normal physiologic gradient from mouth to rectum, providing bulk where it is needed—in the colon. Bargen showed by use of operative stomata that Cellothyl passes through the stomach as a liquid, then through the intestines as a more viscous fluid forming soft, moist bulk in the colon.

1. "A Method of Improving Function of the Bowel": J. Arnold Bargen, M.D., Division of Medicine, Mayo Clinic, Rochester, Minnesota, in Gastroenterology, 13:275 (Oct.) 1949.



Cellothyl®

(brand of methylcellulose)

ESPECIALLY PREPARED

CHILCOTT

Laboratories DIVISION OF The Maltine Company

MORRIS PLAINS, NEW JERSEY

MODERN MEDICINE

THE JOURNAL OF DIAGNOSIS AND TREATMENT

a **new**
antibacterial
agent...

Wide antibacterial activity, low toxicity and virtual elimination of renal complications distinguish the use of Gantrisin* 'Roche', a new and remarkably soluble sulfonamide. Highly effective in urinary as well as systemic infections, Gantrisin does not require alkali therapy because it is soluble even in mildly acid urine. More than 20 articles in the recent literature attest its high therapeutic value and the low incidence of side-effects. Gantrisin is now available in 0.5 Gm tablets, as a syrup, and in ampuls. Additional information on request.

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Gantrisin*

* *Brand of sulfisoxazole (3,4-dimethyl-5-sulfanilamido-isoxazole)*

'Roche'

Contents for July 1 1950

MODERN MEDICINE
VOL. 18, NO. 13

THE MAN ON THE COVER is Russell N. DeJong, M.D., psychiatrist and neurologist at Ann Arbor, Michigan. He is professor and chairman of the Department of Neurology at the University of Michigan Medical School where he has been on the faculty since 1934. Dr. DeJong also is Consultant in Neurology for the Veterans Administration Hospital at Fort Custer, Mich. He is an active member of the Association for Research in Nervous and Mental Diseases, American Psychiatric Association, Central Neuropsychiatric Association, and American Association of Medical History. Several authoritative articles have come from his pen including the one upon which the report, "Cerebrovascular Lesions of Diabetes" on page 56, is based. He has just completed a book, "The Neurologic Examination," which will be published this fall.

Contents for July 1 1950

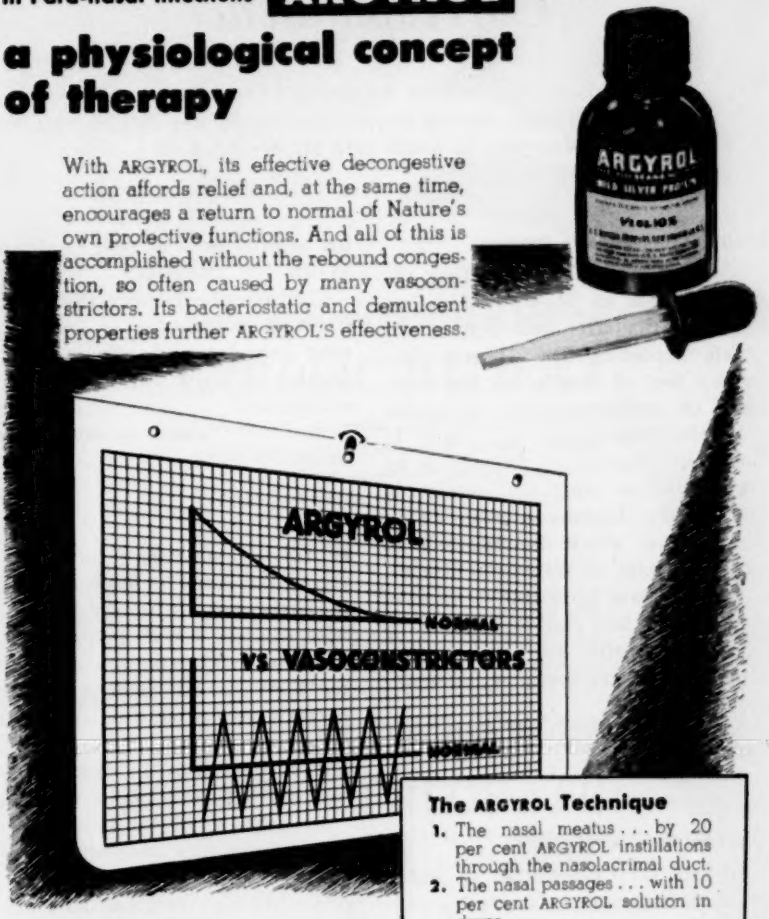
CONTINUED

MODERN MEDICINE, The Journal of Medical Progress, is published twice monthly on the first and fifteenth of each month at Minneapolis, Minn. Subscription rate: $5.00 a year, 25c a copy. Business Manager: M. E. Herz. Address editorial correspondence to 84 South 10th Street, Minneapolis 3, Minn. Telephone: Bridgeport 1291. ADVERTISING REPRESENTATIVES: New York 17: Lee Klemmer, George Doyle, Bernard A. Smiler, 50 East 42nd Street, Suite 401. Telephone: Murray Hill 2-8717. CHICAGO 6: Jay H. Herz, 20 North Wacker Drive, Suite 1921. Telephone: Central 6-4619. SAN FRANCISCO 4: Duncan A. Scott & Co., Mills Bldg. Telephone: Garfield 1-7950. LOS ANGELES 5: Duncan A. Scott & Co., 2978 Wilshire Blvd. Telephone: Dunkirk 8-4131.

In Para-nasal Infections **ARGYROL** offers

a physiological concept of therapy

With ARGYROL, its effective decongestive action affords relief and, at the same time, encourages a return to normal of Nature's own protective functions. And all of this is accomplished without the rebound congestion, so often caused by many vasoconstrictors. Its bacteriostatic and demulcent properties further ARGYROL'S effectiveness.



ARGYROL *the medication of choice in treating para-nasal infection.*

SPECIFY THE ORIGINAL **ARGYROL** PACKAGE

Made only by the

A. C. BARNES COMPANY
NEW BRUNSWICK, N. J.

ARGYROL is a reg. trademark, the property of A. C. Barnes Company

The ARGYROL Technique

1. The nasal meatus . . . by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. The nasal passages . . . with 10 per cent ARGYROL solution in drops.
3. The nasal cavities . . . with 10 cer cent ARGYROL by nasal tamponage.

Its Three-Fold Effect

1. Decongests without irritation to the membrane and without ciliary injury.
2. Definitely bacteriostatic, yet non-toxic to tissue.
3. Cleanses and stimulates secretion, thereby enhancing Nature's own first line of defense.

Correspondence

Communications from the readers of MODERN MEDICINE *are always welcome. Address communications to The Editors of* MODERN MEDICINE, *84 South 10th St., Minneapolis 3, Minn.*

Insulin for Buerger's Disease

TO THE EDITORS: In reading the April 1 issue of *Modern Medicine,* I was particularly interested in the article reporting Dr. Henryk Mazanek's use of insulin in the treatment of thromboangiitis obliterans.

In the September 1931 issue of *American Journal of Surgery* is an article by me entitled "Insulin in Obliterative Lesions of the Blood Vessels," in which is reported an advanced case of Buerger's disease. So far as I have been able to discover that was the first case to be reported in which insulin was used successfully in the treatment of Buerger's disease.

SAMUEL M. BEALE, M.D.
Sandwich, Mass.

Shoulder Pain with Angina

TO THE EDITORS: I wish to add a practical suggestion concerning pain in the left shoulder following an attack of angina pectoris (Questions & Answers, *Modern Medicine,* Apr. 15, 1950, p. 34).

Patients suffering from angina pectoris quite often complain of severe pain in the left shoulder. I have found that this pain disappears after a cardiopericardiopexy, a simple procedure which relieves the patient of his anginal pain as well as the pain in the left shoulder.

Cardiopericardiopexy thus rehabilitates these coronary or angina pectoris cripples and allows them to pursue an active life and a gainful occupation.

AARON N. GORELIK, M.D.
Bronx

► TO THE EDITORS: I have just received the April 15 issue of *Modern Medicine* and, as usual, have read it with interest. I wish to comment on the case in Questions & Answers of the sixty-year-old man with angina pectoris and a painful left shoulder following the last attack. Were you not a bit hasty in referring this case to an orthopedic consultant?

In 1897, Osler described pain in the left shoulder associated with angina pectoris. While not too well understood, this condition has been observed ever since Osler's article and was presented in an excellent summary by Steinbrocker and his group in 1948 (*Ann. Int. Med.* 29:22, 1948).

While it is too early to draw any definite conclusions, I have treated several patients as suggested by Steinbrocker, and the results have been most gratifying. On the other hand, observation of several patients first


NOW, BRIGHTER PROSPECTS FOR THE
CARDIAC PATIENT
New hope for the cardiac patient's future comes from today's more efficient management. Theorate 'Robins' helps tide over the coronary patient, by its potent coronary vasodilation, nontoxic diuresis and effective myocardial stimulation. It may be used over long periods without fear of gastric irritation or oversedation. Theorate 'Robins' is recommended for coronary disease, angina pectoris, congestive heart failure, essential hypertension, edema and other cardiovascular pathologies. • Each enteric-coated tablet contains: 100% alkaloidal Theobromine 5 gr., Phenobarbital ¼ gr.
A. H. ROBINS COMPANY, INC. • Richmond 20, Va.
Ethical Pharmaceuticals of Merit since 1878
THEORATE
Robins
R
L
COR VITALIS
FACULTATIS
SEDES ET
ARTERIARUM PRINC

seen at least two years after the onset of symptoms, whose only treatment was local palliation, has impressed me with the serious possibilities of this crippling condition if not recognized and treated immediately.

In view of the above, I feel that the patient in question should have a complete medical evaluation. If the shoulder pain is found to be caused by the "shoulder-hand syndrome," the treatment as recommended by Steinbrocker should be instituted without delay.

A. HENRY CLAGETT, JR., M.D.
Wilmington

► TO THE EDITORS: Your orthopedic consultant elaborated nicely on the orthopedic conditions which might be responsible for the painful left shoulder in a man of sixty with attacks of angina pectoris (Apr. 15, 1950, p. 34). However, in recent years a number of papers have reported painful and tender shoulders, with limitation of motion resulting from dystrophic changes of neurogenic reflex originating from coronary artery disease.

I cite the following references:

1] Kammerling et al. Recurrent post-infarctional shoulder-hand syndrome. *New England J. Med.* 242:701-702, 1950.

2] Steinbrocker, Otto, et al. Shoulder-hand syndrome in reflex dystrophy of the upper extremity. *Ann. Int. Med.* 29:22-52, 1948.

3] Howard, T. Cardiac pain and periarthritis of shoulder: angina pectoris, aortitis, or cardiac infarct, complicated by stiff and painful shoulder. *M. J. & Rec.* 131:364-365, 1930.

4] Edeiken, J., and Wolferth, C. C. Persistent pain in shoulder region following myocardial infarction. *Am. J. M. Sc.* 191:201-210, 1936.

5] Boas, E. P., and Levy, H. Extracardiac determinants of site of radiation of pain in angina pectoris with special reference to shoulder pain. *Am. Heart J.* 14:540-554, 1937.

6] Leech, C. B. Painful shoulder in coronary artery disease. *Rhode Island M. J.* 21:104-106, 1938.

7] Hilker, A. W. Shoulder-hand syndrome: complication of coronary artery disease. *Ann. Int. Med.* 31:303-311, 1949.

The orthopedic consultant states, "If shoulder motion is unrestricted and the joint is not tender, the pain is probably of a referred nature." In many of the cases cited in the above papers, the shoulder *was* tender and shoulder motion was restricted and yet it was felt that the condition was caused by dystrophic reflex changes from diseased coronary arteries.

Stellate ganglion and upper dorsal blocks with novocain should be tried to interrupt the sympathetic reflex arc.

BERNARD H. CHAIKEN, M.D.
Boston

Credit to Hospital

TO THE EDITORS: Thank you for the excellent abstract of my article from the *Annals of Surgery* on continuous lumbar sympathetic block which appeared in *Modern Medicine* (Apr. 1, 1950, p. 53).

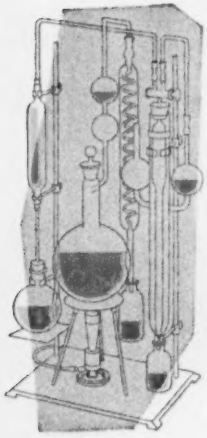
Since almost all these patients were gathered from the clinical material at the Philadelphia General Hospital and since the method was perfected there, I feel it only fair to that institution that it be given credit as the source of this work rather than the University of Pennsylvania.

J. EUGENE RUBEN, M.D.
Philadelphia

(Continued on page 18)

AUREO-MYCIN

in Surgical and Other Infections **AUREOMYCIN**



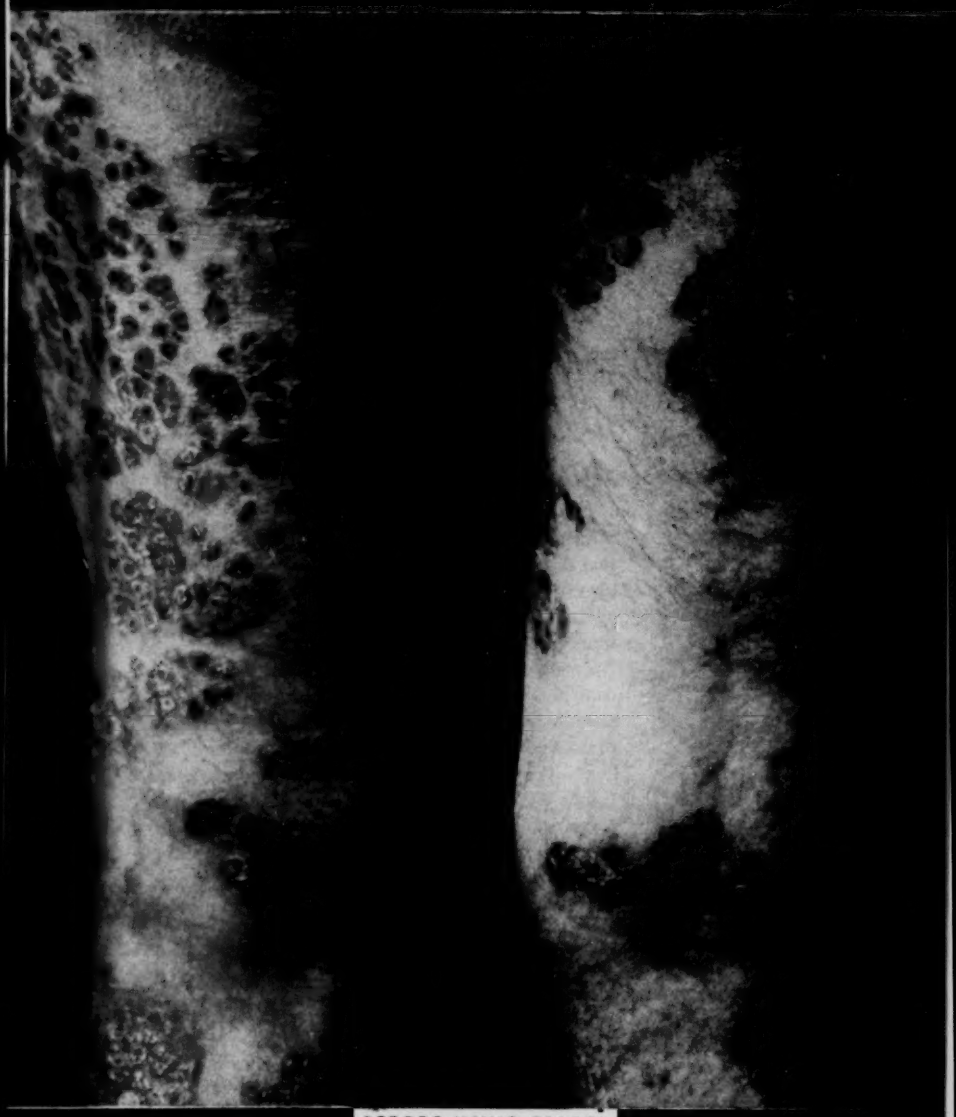
Surgeons are now generally coming to the conclusion that the use of aureomycin preoperatively and postoperatively in all cases is worthwhile insurance against infection. This is particularly true in infections involving the peritoneum.

Aureomycin has also been found effective for the control of the following infections: African tick-bite fever, acute amebiasis, bacterial and virus-like infections of the eye, bacteroides septicemia, boutonneuse fever, acute brucellosis, Gram-positive infections (including those caused by streptococci, staphylococci, and pneumococci), Gram-negative infections (including those caused by the coli-aerogenes group), granuloma inguinale, *H. influenzae* infections, lymphogranuloma venereum, primary atypical pneumonia, psittacosis (parrot fever), Q fever, rickettsialpox, Rocky Mountain spotted fever, subacute bacterial endocarditis resistant to penicillin, tularemia and typhus.

Capsules: Bottles of 25, 50 mg. each capsule. Bottles of 16, 250 mg. each capsule.
Ophthalmic: Vials of 25 mg. with dropper; solution prepared by adding 5 cc. of distilled water.

LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY 30 Rockefeller Plaza, New York 20, N.Y.

RIASOL in



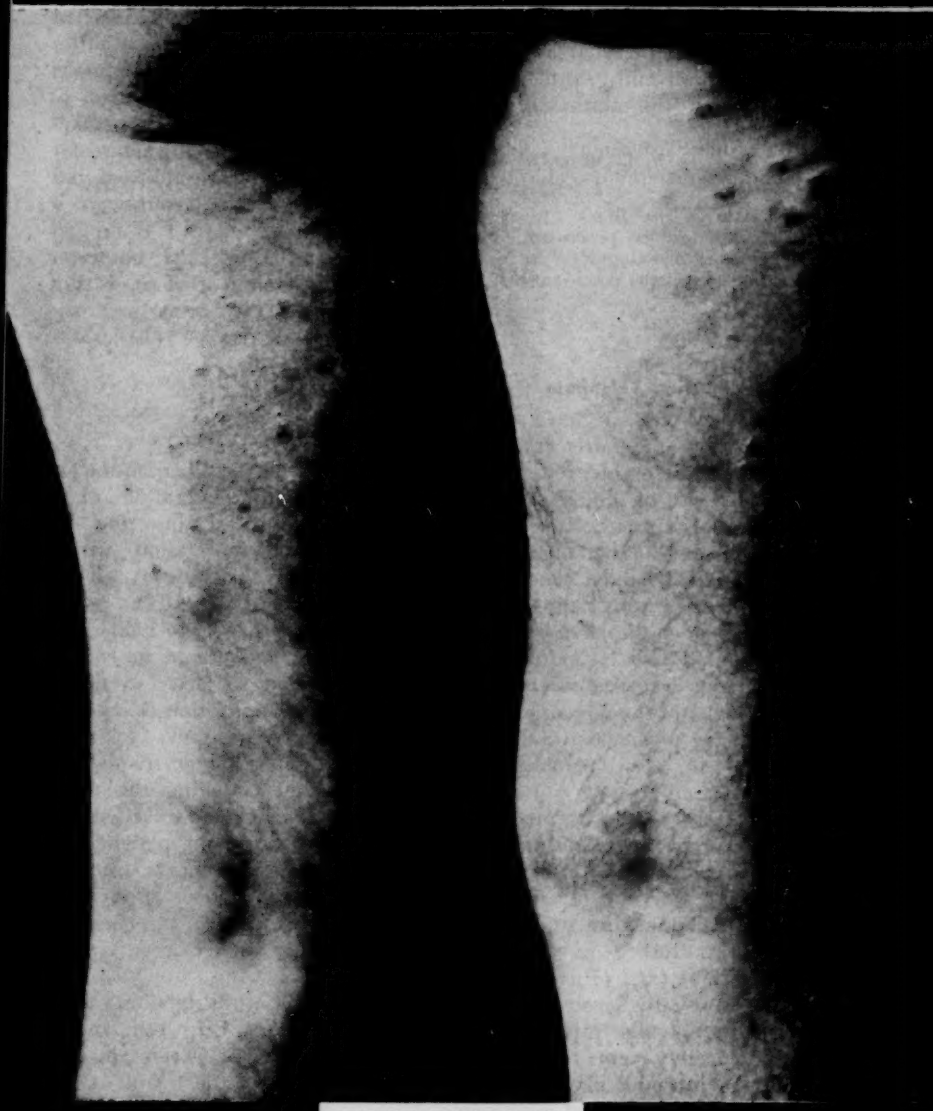
BEFORE USING RIASOL

THOUSANDS PRESCRIBE RIASOL

RIASOL CONTAINS 0.45% MERCURY CHEMICALLY COMBINED WITH SOAPS 0.5% PHENOL AND 0.75% CRESOL IN A WASHABLE NON-STAINING ODORLESS VEHICLE

APPLIED LOCALLY—SIMPLE TO USE

PSORIASIS



AFTER USING RIASOL

SEND FOR A CLINICAL PACKAGE

PROVE RIASOL YOURSELF

SHIELD LABORATORIES

1284 MANSFIELD AVENUE DETROIT 27 MICHIGAN

Test Not Good Enough

TO THE EDITORS: Your approbation (inferred) as to the Black test is hardly warranted (May 1, 1950, p. 59). A cancer screening test has to be better than this statistically to be usable.

R. R. NEWELL, M.D.

San Francisco

¶ The virtue of the Black test is its simplicity as an office procedure. The test demonstrates malignancy in 3 of 4 cases and freedom from cancer in 4 of 5.—Ed.

Technic of Injecting Thiomerin

TO THE EDITORS: I have been pleased to note the fairly frequent appearance of favorable reports on the extended use of Thiomerin, the new mercurial diuretic. I seem to have had a considerable number of dyspneics to treat under emergency status, most often with nephritic involvement and in the later stages of hypertension. There is no question relative to the dramatic outcome attending the use of the mercurial combined with the purine-xanthine radicals, given in most instances by intramuscular injection.

I have always been extremely sensitive about imparting additional discomfort to a patient through the use of an intradermic or intramuscular needle. The nightmare that has nearly always lurked in the background of these cases of dyspnea has been the unusually severe pain following intramuscular injection.

In practically every case before making the intramuscular injection, I have ordered a bag filled with near boiling water and had it placed over the site of the injection to allay the pain.

My experience with Thiomerin bears out the report of Drs. Charles D. Enselberg and Henry G. Simmons (*Modern Medicine*, May 1, 1950, p. 52). The hypodermic injection takes a bit longer than the intramuscular to loosen the tensed condition, but it does just that, and although it was some time before I could get myself to relinquish the hot-water bag, I have found that it is not required with this procedure.

WILLIAM HARVEY THALER, M.D.

Long Beach, Calif.

Therapy of Herpes Simplex

TO THE EDITORS: Pyribenzamine applied directly to the oral lesion of herpes simplex will cause the disappearance of the lesion within thirty-six hours as well as give a definite anesthetic effect. The 50-mg. pyribenzamine tablet is held in a small forceps and placed in contact with the lesion for sixty to ninety seconds. This application is repeated two to three times daily.

A rolled paper holder, shaped like a cigaret and clutching the tablet at one end, makes an excellent device for the fastidious patient who hesitates to insert fingers into the mouth and also for home application.

I have found this treatment to be much more effective than vitamin B injections or local treatments of other types. Antihistamines taken systemically may help but, in my experience, are not efficient in causing subsidence of the lesion.

LOUIS S. MORGAN, M.D.

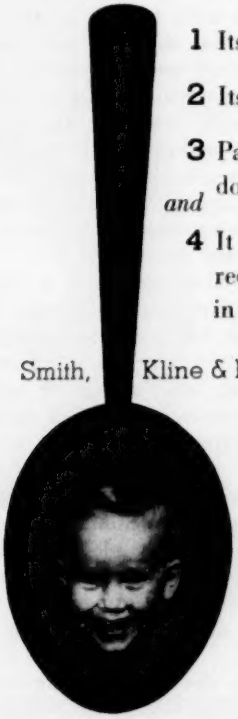
Wichita, Kan.

when you prescribe

phenobarbital

remember this superior presentation:

Eskaphen B Elixir the delightfully palatable combination of phenobarbital and thiamine



1 Its fluid form makes it easy to take

2 Its delicious flavor makes it pleasant to take

3 Patients who "know all about sleeping tablets" don't know you are prescribing a barbiturate

and

4 It provides nearly three times the recommended daily allowance of thiamine in each 5 cc. teaspoonful

Smith, Kline & French Laboratories, Philadelphia

Each 5 cc. teaspoonful contains phenobarbital, ¼ gr., thiamine, 5 mg.

'Eskaphen B' T.M. Reg. U.S. Pat. Off.

Dehydration Therapy of Stroke

TO THE EDITORS: The discussion about cerebral apoplexy in the Medical Forum (*Modern Medicine*, Jan. 1, 1950, p. 73) has inspired me to write about a dozen cases of cerebral hemorrhage that have come my way in the last five years.

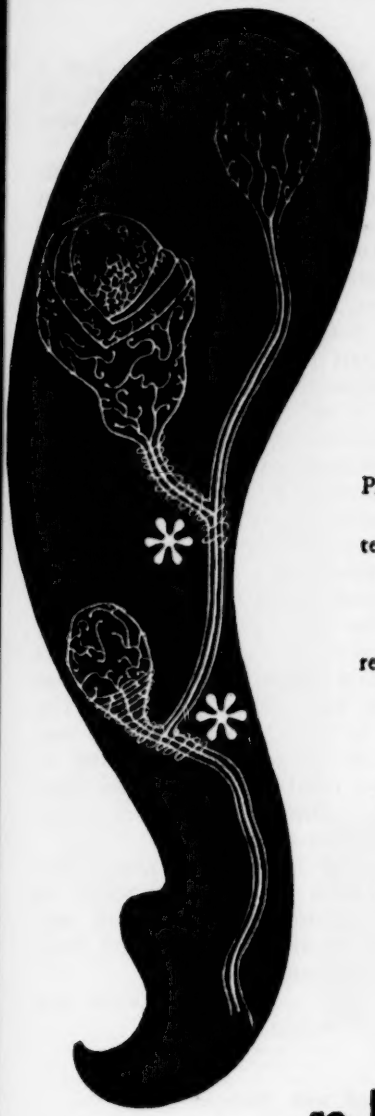
About five years ago a patient came tearfully to me and said her seventy-year-old mother was dying in the County Hospital. She had had a stroke. Would I take care of her privately? I would.

She brought her mother in, a wizened old lady of less than 5 ft., weighing not more than 80 or 90 lb. She was so extremely dehydrated that her tongue was like a dry board and I could pick up her eyeballs through the lids with my index finger and thumb. But she was conscious and could slowly answer questions. Mindful of my training in maintaining body fluids, vitamins, and so forth, but not wishing to overload her, I gave her 500 cc. of saline by clysis. She promptly went into a coma and died twenty-four hours later. That started me thinking.

The next case was a powerful Negro, fifty years old, who had a complete left hemiplegia—right side of face, left arm and leg—was unconscious, and so on. I saw him within ten minutes of his stroke and started treating him within a half hour.

I removed 750 cc. of blood by venesection immediately, with a consequent fall in blood pressure. I went further. I gave him 50 cc. of 50% glucose intravenously three times a day and no fluids for several days.

When the man became conscious several days later, I limited his fluids to 500 cc. daily for about ten days.



* *In neuromuscular dysfunction*

Physotropin is an important adjunct in the treatment of neuromuscular dysfunction, as it tends to facilitate nerve impulse transmission. Physotropin employs the antagonism between Physostigmine and Atropine to remove the undesirable actions of the former without restricting its effect on the cranial nerves and skeletal muscles. Prescribe Physotropin. Your pharmacist can supply it.

Indications: Rheumatoid Arthritis • Bursitis • Anterior Poliomyelitis • Traumatic Neuromuscular Dysfunction • Myasthenia Gravis

Supplied: *Injectable Solution of Physotropin is supplied in 10 cc Rub-R-Top vials and Physotropin tablets in containers of 100, 500 and 1,000.*

▼ Write for professional samples and literature.

physotropin

DURST

S. F. DURST & CO., INC. • PHILADELPHIA 20, PENNA.

For about three weeks he had a severe psychosis, which cleared up, leaving no residuum. Soluble vitamins were given parenterally.

Within six weeks he had made a complete recovery, walked without a limp, and had only a slight residual weakness in his left arm. The facial paralysis cleared completely. Despite orders, he drove his new car a few days before six weeks were up. He did not return for control of his hypertension and two years later died a cardiac death.

Not all patients did as well, but I saw none of the others so early. However only 1 or 2 failed to respond to this treatment. I would like to have had a larger series of cases, but think that even these few render the method worthy of consideration.

The mechanism of recovery here, I believe, is mainly the control of cerebral edema with lessened damage to the surrounding brain tissue. The fall in blood pressure helps to control the hemorrhage and possibly allows a clot to form within the burst artery, thus preventing more hemorrhage and edema.

I think, as do many others, that too much apathy is displayed in cases of stroke and that much crippling could be avoided with more active treatment.

MORTIMER WEISS, M.D.
San Francisco

Pleased with Abstract

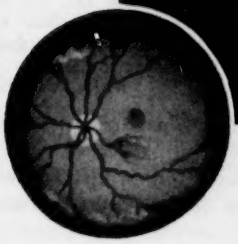
TO THE EDITORS: I am pleased with your fine, inclusive, brief discussion of the article by Dr. Patrick J. Fitzgerald and me on the malignant nature of carcinoid tumors (*Modern Medicine*, Apr. 15, 1950, p. 77).

CARL M. PEARSON, M.D.
Dorchester, Mass.

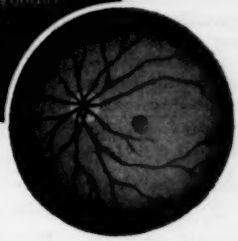
RUTAMINAL*

the protection of **rutin**[1] the action of **aminophylline** the sedation of **phenobarbital** —for use in selected cardiovascular and diabetic conditions in which excessive capillary fragility presents a complicating hazard —bottles of 100 tablets

Ocular Fundus in Degenerative Vascular Disease—Hypertension, Diabetes, Arteriosclerosis —note tortuous blood vessels, areas of exudation, hemorrhagic areas



Normal Ocular Fundus



[1] In keeping with newer clinical findings, the rutin content of RUTAMINAL has been increased to 60 mg. per tablet (three times the former rutin content) at no increase in cost to the patient.

*RUTAMINAL is the trademark of Schenley Laboratories, Inc. and designates exclusively its brand of tablets containing rutin, aminophylline, and phenobarbital.

schenley laboratories, inc., 350 fifth ave., new york 1, n. y.

720A49

Questions & Answers

All questions received will be answered by letter directed to the petitioner; questions chosen for publication will appear with the physician's name deleted. Address all inquiries to the Editorial Department, MODERN MEDICINE, *84 South Tenth Street, Minneapolis 3, Minnesota.*

QUESTION: Has existence of the condition known as premenstrual tension been definitely established? If so, will you please give etiology, symptoms, and treatment?

M.D., New Jersey

ANSWER: *By Consultant in Gynecology.* Premenstrual nervous tension is a definite entity which, in a small number of women, is associated with peripheral edema, abdominal distention, and headaches. The etiology is believed to be salt and water retention due to hormonal influence. Treatment consists of dehydration by means of ammonium chloride diuresis for the week preceding menstruation. Mild sedatives and purgation have also been employed.

QUESTION: Might acute optic neuritis in a fifty-year-old man be the result of an electric shock accident which occurred five years earlier when working with high tension wires and resulted in second and third degree burns of extremities and generalized cerebral atrophy with hyperinsulinism?

M.D., California

ANSWER: *By Consultant in Neurology.* I believe that the symptoms of acute optic neuritis are not related to the original injury. Electric shock produces primarily an injury to the brain with disruption of brain tissue and cellular damage. The effects are acute with progressive improvement or scarring; consequently an acute episode five years later cannot be attributed to electricity. The acute episode in this case is difficult to explain without having had the opportunity of examining the patient, but some toxic process of unknown etiology is suggested.

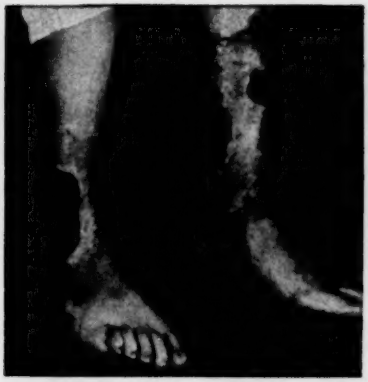
QUESTION: A twenty-eight-year-old man is entirely normal on complete physical examination except for hypertension in both arms and legs ranging from 160/110 to 180/110. He has occasional attacks of dizziness but no other symptoms. Would you advise sympathectomy for this patient?

M.D., Virginia

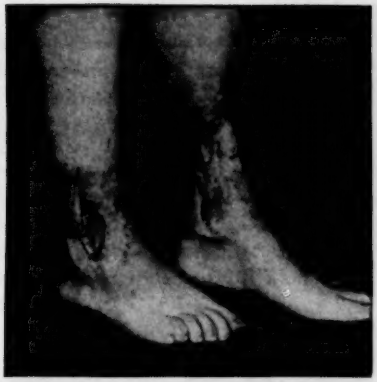
ANSWER: *By Consultant in Internal Medicine.* The patient is a favorable candidate for sympathectomy because he is young, pulse pressure is relatively low in comparison to diastolic pressure, and no evidence of visceral damage from hypertension is found.

Before sympathectomy is undertaken, however, blood pressure readings should be made with the patient asleep under sedation to insure that pressure is labile. Also, to detect a possible pheochromocytoma, blood pressure response to piperoxane hydrochloride should be determined.

Although perhaps 50% or more of the group favored in preoperative



Varicose ulcers of nineteen years' duration. This is one of a series of 50 chronic ulcer cases in which the results of Chloresium Therapy were observed by a leading clinic.



Chloresium therapy brought this improvement in six weeks. Complete healing occurred one month later. Of the fifty cases studied, forty-eight showed marked improvement.*

For diabetic and varicose ulcers ... use Chloresium Therapy

Stimulates growth of normal healthy tissue, deodorizes ... clinically proved.

● In chronic ulcers, the *problem* is how to aid the healing of tissue not able to repair itself. The *answer* is Chloresium, the therapeutic *chlorophyll* preparations. Clinical reports on large series of such cases show that most of them responded rapidly to Chloresium's chlorophyll therapy—and healed completely in relatively short time.

Chloresium

Therapeutic Chlorophyll Preparations

Solution (Plain); Ointment; Nasal and Aerosol Solutions

Ethically promoted—at leading drugstores

U. S. Pat. Off. 2,120,667 — Other Pats. Pend.

From the Lahey Clinic Bulletin (Vol. 4, No. 8, April 1946): "Water-soluble chlorophyll containing ointment (*Chloresium*) has now been used at this clinic in more than 50 cases of the more chronic and difficult ulcers ... (it) apparently excels any of the previously used agents ... Many patients who had ulcers unhealed from one to eight years obtained complete healing in six to ten weeks."

Try Chloresium—it is nontoxic, bland, soothing and deodorizing.

*Guthrie Clinic Bulletin (Vol. 16, No. 1, July 1946). Complete report available on request.

FREE—CLINICAL SAMPLES

RYSTAN CO., INC., Dept. **MM4**
7 N. MacQuesten Pkwy., Mt. Vernon, N. Y.

I want to try Chloresium Ointment and Chloresium Solution (Plain). Please send clinical samples.

Dr. _____

Address _____

City _____ *Zone* ____ *State* ____

Linguets should not be confused with ordinary tablets, which have been "proved relatively ineffective" by sublingual administration. —

Escamilla, R. F. and Gordan, G. S.: Bull. Univ. California Med. Center, November 1949.

Linguets®

ECONOMICAL CONVENIENT HORMONE THERAPY

Androgenic

METANDREN® Linguets

methyltestosterone, 5 mg., white • 10 mg., yellow

Estrogenic

ETICYLOL® Linguets

ethinyl estradiol, 0.5 mg., pink

Progestational

LUTOCYLOL® Linguets

anhydrohydroxyprogesterone, 10 mg., yellow

Adrenal Cortex

PERCORTEN® Linguets

desoxycorticosterone acetate, 2 mg., green • 5 mg., tan

LINGUETS® are specially shaped to fit comfortably into the buccal pocket; highly compressed to insure slow effective absorption of the hormone directly into the systemic circulation.

Ciba PHARMACEUTICAL PRODUCTS, INC.,
SUMMIT, NEW JERSEY

evaluation will benefit from sympathectomy by a significant drop in blood pressure, one can never be certain that any individual patient will be helped.

If the lumbar sympathetic trunk is removed, the male patient will probably become sterile but not impotent.

QUESTION: A man of sixty-eight, in good general health, has a persistent pulse rate of 100 in a resting position. Electrocardiograms reveal no evidence of myocardial damage or coronary occlusion, and the patient has had no serious illness or injury. He drinks about a pint of scotch a day. To what may this tachycardia be attributed?

M.D., Nevada

ANSWER: *By Consultant in Cardiology.* Sinus tachycardia sometimes occurs in normal persons at high altitudes. The condition may also be caused by autonomic imbalance. Hyperthyroidism and incipient tuberculosis or other infection should be considered as possible etiologic factors. Roentgenograms should be made of the chest and the sedimentation rate determined, in addition to the tests already performed.

QUESTION: What is the most rapid and effective modern treatment of condyloma acuminatum of nongonorrheal origin, if surgery must be avoided?

M.D., New York

ANSWER: *By Consultant in Dermatology.* Condylomata acuminata are often treated successfully by repeated painting with a 15 or 20% solution of podophyllin in tincture of benzoin. The resin of podophyllin rather than the extract must be used. Large areas should not be treated at one time, as considerable inflammatory reaction may result. Areas no larger than ½ in. in diameter should be painted at first treatment. Depending upon the extent of the eruption, three, four, or five such areas may be painted. The inflammatory reaction should be at its worst in forty-eight hours; if the patient is seen then, one can determine how rapidly to continue treatment.

QUESTION: Is there any basis for the idea that watermelon juice is useful in nephritis or nephrosis?

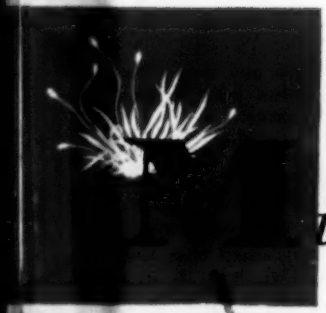
M.D., Illinois

ANSWER: *By Consultant in Pharmacology.* Roby and associates (*Am. J. Pharm.* 111:68, 1939) from experiments upon dogs concluded that the juice from fresh watermelons is distinctly diuretic, which action they attribute to some volatile component that has an irritant action upon the kidneys. Neither the extracts of the juice nor the seeds had any such effect.

QUESTION: Is the electrosurgical unit preferred to the scalpel for excision of urethral caruncles?

M.D., Kentucky

ANSWER: *By Consultant in Urology.* Use of the electrosurgical unit or scalpel is a matter of personal choice. The method I prefer is to pull the caruncle down with the forceps, after local infiltration; clamp the base across with a slender forceps; cut off the caruncle; touch the diathermy electrode to the forceps, protecting the rest of the urethra from burn; and finally remove the forceps. This method eliminates the necessity for stitches which might be a source of irritation during healing.



ucilose is hypoallergenic

Winthrop-Stearns Inc.

New York, N. Y. Windsor, Ont.

Obtainable in 4 ounce and 16 ounce containers in the following forms:

Mucilose Flakes Concentrated
Mucilose Flakes (special formula)
Mucilose Granules (special formula)

Dose: 1 or 2 teaspoonfuls with 2 glasses of water twice daily.

M

Even after prolonged use, no allergic reactions have been observed from the administration of Mucilose. Mucilose is a bland, nonirritating, bulk-producing agent which accomplishes physiologic laxation closely approximating normal function. The active ingredient is the highly purified Plantago loeflingii.

UCILOSE®

for physiologic laxation

Forensic Medicine

COMPILED BY ARTHUR L. H. STREET, LL.B.

PROBLEM: The principal inquiry in a will contest was whether the testator was of sound mind when he made the will. Could a finding that he was not competent rest upon the opinion of a doctor who had not seen the testator and who based his opinion upon a hospital and medical record?

COURT'S ANSWER: No.

The Michigan Supreme Court noted that the doctor's opinion was considerably weakened by the testimony of a specialist that he had examined the record, which dealt with treatment of testator for uremia, and that it did not support an opinion as to testator's mental capacity. Furthermore, some of the statements in the record were mere expression of opinion by the physicians and nurses who treated testator (41 N.W. 2d 355).

PROBLEM: A life insurance application required the insured to list the names of physicians whom he had consulted within five years. Was the policy invalidated by his failure to list a doctor who had been consulted by his personal physician, who was listed?

COURT'S ANSWER: No.

The U.S. Court of Appeals, Second Circuit, drew a distinction between a physician consulted by a patient and one consulted by his doctor to aid the latter in diagnosing the patient's malady without aiding in the treatment. The court added that, even when a patient has been treated by more than one physician, the life insurance is not vitiated by the insured patient's omission to list all the physicians who may have treated him for the same illness (179 Fed. 2d 925).

PROBLEM: In an Alabama will contest a doctor testified concerning the testatrix's mental capacity to make the will. To testify, he made two trips from Texas to Alabama. No contract existed as to what fee the doctor should receive, and the administrator paid him $1,000 without the charge being passed upon by the probate court. Was the administrator entitled to credit himself with the payment in settling his accounts with the estate?

COURT'S ANSWER: No.

The Alabama Supreme Court intimated that, because the doctor was a nonresident and could not have been compelled to attend and testify, a contract for the payment of a reasonable sum would have been valid and that, even if the sum was not agreed upon, an allowance approved by the court would have been proper. In short, the administrator should have secured the probate court's approval of the fee before paying it.

The court noted that under Alabama statutes and decisions doctors are subject to subpoena as witnesses just as are laymen, and at the same fees and mileage, if they reside with-

(Continued on page 34)

THE ORIGINAL—

is still the

therapy of choice for

ivy-oak poisoning

for
RURAL
CULPRIT
No. 1

When **RHUS TOX ANTIGEN** is used, "... the itching associated with this form of dermatitis disappears completely, or is greatly modified, within 24 hours after the first injection."[1]

RHUS TOX ANTIGEN is a solution of the offending oleoresin in an aqueous alcoholic vehicle. It has been observed that "the antigenic material is more rapidly absorbed, providing a more effective immunologic response."[2] Furthermore, "there is no danger of allergic sensitivity to the solvent,"[2] such as may occur with poison ivy extracts in oil.

Supplied in packages of four 1 cc. vials.
Descriptive literature supplied on request.

1. Strickler, A.: J.A.M.A., 80:1588.
2. Rynes, S. E.: Ann. Allergy, 7:62.

FOR PROPHYLAXIS OR TREATMENT

A Product of the Mulford Colloid Laboratories

THE NATIONAL DRUG COMPANY, PHILADELPHIA 44, PA.

More than Half a Century of Service to the Medical Profession

MULFORD COLLOID LABORATORIES

Triple treatment for DIARRHEA

(specific and nonspecific)

SHARP & DOHME

Diarrhea is a nuisance, "one of the commonest symptoms of illness in the human race,"* and a real menace, accounting for nearly 1% of deaths reported in the United States. In ten Southern states, in 1946, more deaths were reported due to diarrhea than to typhoid and scarlet fevers, pertussis, diphtheria, malaria, measles, and poliomyelitis combined!*

Cremosuxidine® offers a new, palatably flavored, exceptionally effective triad for control of specific and nonspecific diarrheas: potently bacteriostatic, relatively nontoxic *Sulfasuxidine*®, detoxicant *pectin*, and protective, adsorbent *kaolin*. *Cremosuxidine* may be administered for bacillary dysentery, paradysentery, salmonellosis, diarrhea of the newborn, and so-called "summer complaint." Supplied in *Spasaver*® bottles containing 16 fluidounces. Sharp & Dohme, Philadelphia 1, Pa.

*Gray, A. L.: Southern Med. J., 43:320, April, 1950.

Cremosuxidine®

Suspension of

1 *Sulfasuxidine*® succinylsulfathiazole, 10.0%

2 *Pectin*, 1.0%

3 *Kaolin*, 10.0%

in the jurisdiction of court, and can be required to give expert testimony without extra compensation. However, if a doctor is required to prepare himself to testify, provision for extra compensation by agreement is proper.

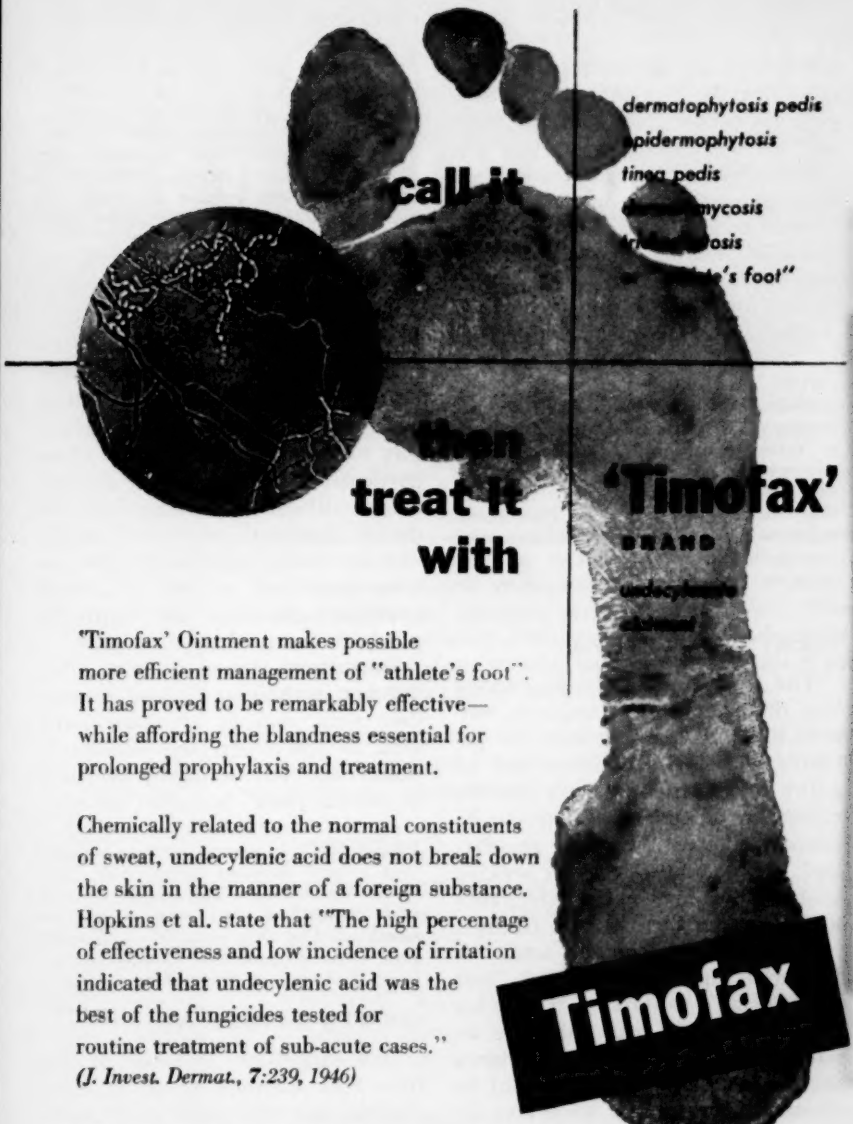
A few courts, including those of Missouri and Delaware, have decided that an agreement to pay a doctor who is subject to subpoena more than ordinary witness fees—where special preparedness is not needed—is invalid. But the Alabama court thinks that such agreements are binding. The Alabama court did recognize that a doctor's fees as a witness are not taxable against an adverse party to a suit in excess of the sum allowable by statute (25 So. 2d 680, 247 Ala. 651).

PROBLEM: Does a doctor driving on an emergency call have any more right to endanger someone riding with him or traveling on a road or street than any other motorist?

COURT'S ANSWER: No.

The Texas Court of Civil Appeals, Waco, decided that a statute exempting physicians on emergency calls from observing a speed limit prescribed for motorists generally did not permit driving negligently and dangerously (55 S.W. 2d 585).

Obligation to consider the safety of one riding with a doctor on an emergency call was recognized in a Tennessee case (15 Tenn. App. 326). Some years ago a Brooklyn doctor was jailed for ten days for his sixth offense in driving recklessly. An appellate court seems to have been



'Timofax' Ointment makes possible more efficient management of "athlete's foot". It has proved to be remarkably effective—while affording the blandness essential for prolonged prophylaxis and treatment.

Chemically related to the normal constituents of sweat, undecylenic acid does not break down the skin in the manner of a foreign substance. Hopkins et al. state that "The high percentage of effectiveness and low incidence of irritation indicated that undecylenic acid was the best of the fungicides tested for routine treatment of sub-acute cases." *(J. Invest. Dermat., 7:239, 1946)*

'Timofax' contains undecylenic acid 10% as free acid and potassium undecylenate in a scented vanishing cream base. Supplied in ¾ oz. collapsible tubes.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, N.Y.

influenced, in upholding the sentence, by the fact that the accused gave one excuse at the trial for speeding and a different one in the appellate court. The court recognized that occasionally a doctor may be excused by peculiar circumstances for speeding. But the excuses should be scrutinized, the court thought, because they "may readily be used as a subterfuge" (176 N.Y. Supp. 677).

PROBLEM: A man sustained a compression fracture of his third lumbar vertebra when he fell 12 or 14 ft. in a sitting position. A doctor made roentgenograms of only the fourth and fifth vertebrae and assured the man that nothing was wrong. The actual injury was readily discovered later when roentgenograms were made of the third vertebra by other doctors. Was the first doctor negligent?

COURT'S ANSWER: Yes.

The Iowa Supreme Court decided that the evidence was ample to warrant the jury's finding that the patient's suffering, disability, and rigidity of 4 vertebrae were directly caused by defendant's failure to diagnose and treat the injury properly and the patient's delay in seeking other aid because of the defendant's assurance that there was no fracture.

The court incidentally said: "It has been repeatedly" decided "that a physician's failure to take x-ray pictures, or have them taken, as an aid to diagnosis when x-ray machines are available and commonly used by physicians in similar cases may be actionable negligence. . . . Indeed, use of the x-ray as an aid to diagnosis of bone injuries has been held to be a matter of common knowledge" (41 N.W. 2d 702).

PROBLEM: Did a grand jury have a right to indict a doctor as a conspirator with other physicians who performed a criminal abortion when the evidence showed that he permitted one of the defendant's to occupy his offices on weekends and employ his nurse and because instruments in the office could be used for abortions?

COURT'S ANSWER: No.

The California District Court of Appeal, Los Angeles, granted the doctor's petition to dismiss the prosecution. The court noted that there was no evidence before the grand jury to indicate that he knew of or participated in the other doctors' alleged illegal acts. The evidence merely indicated an unusual situation in which "a physician who has been permitted to use a brother physician's facilities for legitimate purposes, has used them illegally."

Instruments found in the office did not incriminate accused because they were such as are customarily used in gynecology, and because "a miscarriage may be legally procured in certain cases" (214 Pac. 2d 825).

PROBLEM: A newspaper article stated that a duly licensed doctor had come to the community "apparently to complete a medical and surgical apprenticeship." Did that constitute actionable libel without proof that he had actually been damaged in the public eye?

COURT'S ANSWER: Yes.

The Appellate Division of the New York Supreme Court in effect decided that the publication necessarily detracted from the doctor's professional attainments in such sense as to seriously impair his prestige and earning capacity (275 N.Y. Supp. 818, 243 App. Div. 537).

"One-third to two-thirds *of all patients who seek medical help have as the most significant cause of ill health an emotional or neurotic disturbance . . . nervousness and fatigue are among the commonest symptoms.*"[1]

1. Wilbur, D. L.: J.A.M.A. 141:1199 (Dec. 24) 1949

NEW! SEDATIVE NUTRITIONAL SUPPORT SUPPLYING VITAMIN B_{12}

BĒPLETE®

ELIXIR VITAMINS B-COMPLEX WITH PHENOBARBITAL

Wyeth

REG. U.S. PAT. OFF.

Each teaspoonful (4 cc.) contains:

Phenobarbital	0.25 grain
WARNING: May be habit forming.	
Vitamin B_1	1.5 mg.
Vitamin B_2	1.0 mg.
Vitamin B_6	0.33 mg.
Vitamin B_{12}	1.66 mcg.
Niacinamide	10.0 mg.
Pantothenyl Alcohol	0.2 mg.

Alcohol 15%

IN A DELIGHTFULLY APPETIZING WINE BASE

Wyeth Incorporated • Philadelphia 3, Pa.

Wyeth®

Experiences with Terramycin

WALLACE E. HERRELL, M.D., FORDYCE R. HEILMAN, M.D., WILLIAM E. WELLMAN, M.D., AND LLOYD G. BARTHOLOMEW, M.D.*
Mayo Clinic, Rochester, Minn.

TRIALS with the antibiotic terramycin, derived from *Streptomyces rimosus*, are encouraging. The material resembles aureomycin in the wide range of antibacterial properties, find Wallace E. Herrell, M.D., Fordyce R. Heilman, M.D., William E. Wellman, M.D., and Lloyd G. Bartholomew, M.D.

From 1 to 3 gm. of terramycin was administered daily to patients in single or multiple doses orally. Single doses were usually given when the stomach was empty. The serum concentration of the antibiotic begins to diminish after six hours or more and completely disappears in about twenty-four to twenty-six hours.

Ingestion of 1 gm. every six hours produces serum concentration of 4 to 8 μg. per cubic centimeter, which is a therapeutically effective amount. Increase of a single dose from 1 to 3 gm. does not materially raise the serum level.

Analyses of cerebrospinal fluids from patients with 4 to 8 μg. of terramycin in the sera indicate that the drug does not readily traverse the blood meningeal barrier. However, the agent penetrates the placenta and appears in the cord blood after administration to the mother.

Since terramycin occurs in antibacterial quantities in pleural fluid, the agent may be applicable to therapy of pleural infections. Bile collected from T tubes inserted in the common bile duct also contains terramycin in sufficient amounts to indicate that the liver concentrates the antibiotic. Fairly large quantities of terramycin are excreted in the urine.

As much as 2.5 mg. per cubic centimeter of the antibiotic may appear in the feces, having passed through the gastrointestinal tract unabsorbed. Striking also is the change in the bacterial flora, from which *Clostridia*, streptococci, and coliform bacilli disappear. The feces become odorless. Only resistant yeasts, *Candida*, and micrococci remain.

The preferable dosage schedule for terramycin is 1 to 1.25 gm. every six hours, equaling 4 to 5 gm. daily, or about 50 mg. per kilogram of body weight daily.

Good results with terramycin have been achieved in therapy of pneumonia, tonsillitis, septic sore throat, and urinary tract infections. Gastrointestinal irritation manifested by nausea and vomiting, on occasion, are the only untoward side reactions.

* Terramycin: some pharmacologic and clinical observations. Proc. Staff Meet., Mayo Clin. 25:183-196, 1950.

These effects occur less frequently than with aureomycin and are avoided if the tablets are given with cold milk rather than with water.

Unlike aureomycin, terramycin appears to be fairly stable in the presence of serum. Specimens left under ordinary refrigeration for twenty-four hours retain the same amount of the antibiotic.

Induced Anoxemia and Arterial Oxygen

RAYMOND PENNEYS, M.D.,
AND CAROLINE BEDELL THOMAS, M.D.*

THE degree of cardiovascular effect from induced anoxemia correlates closely the level of arterial oxygen saturation of the blood. Thus, any precise evaluation of cardiovascular function during anoxemia should be based upon a test in which the level of arterial oxygen saturation, rather than the oxygen concentration of the inspired gas, is standardized. No fixed relationship exists between the oxygen content of the inspired gas and the oxygen saturation of the blood.

Raymond Penneys, M.D., and Caroline Bedell Thomas, M.D., of Johns Hopkins University, Baltimore, observed effects of 85, 80, and 75% arterial oxygen saturation. To induce anoxemia, nitrogen and oxygen mixtures were given with a Heidbrink anesthesia machine. Blood oxygen was measured with the Millikan automatically compensated oximeter. All of the 76 subjects were healthy, and the majority were young men.

The cardiovascular response varies considerably from person to person but, except for degree, remains similar for the same subject at different levels of anoxemia. The individual pattern may be distinguished with relatively slight deprivation. At a constant saturation of 75 or 80%, electrocardiograms and other records made after ten and twenty minutes of breathing are about identical.

In most cases, lack of oxygen lowers the T wave. The heart rate and force of the pulse are generally increased, but blood pressure varies considerably among a group.

The greatest electrocardiographic changes of normal subjects are less than the smallest established for coronary insufficiency, and the gap may be a realm of doubtful positive reactions. Thus coronary involvement may be shown by partial or complete reversal of T wave direction in lead 1 without RS-T deviation, or by RS-T deviation exceeding 1 mm. in any lead.

* The relationship between the arterial oxygen saturation and the cardiovascular response to induced anoxemia in normal young adults. Circulation 1:415-425, 1950.

Pulmonary Hypertension and Heart Disease

CRAIG W. BORDEN, M.D., RICHARD V. EBERT, M.D.,
RUSSELL H. WILSON, M.D., AND HERBERT S. WELLS, M.D.*
University of Minnesota, Minneapolis

WITH mitral stenosis, the degree of pulmonary hypertension is closely related to the symptoms and disability from exertional dyspnea. Pulmonary artery hypertension, however, is less pronounced with left ventricular failure than with mitral stenosis and cannot be correlated with the reduction of vital capacity.

Many of the signs of mitral disease are actually those of sustained pulmonary artery hypertension, such as an accentuated pulmonic second sound, the Graham Steell murmur with extreme hypertension, roentgen evidence of enlargement of the right side of the heart and dilatation of the pulmonary artery, and the electrocardiographic patterns of right axis deviation and right ventricular strain. In mitral stenosis, failure of the right ventricle is always associated with severe, prolonged pulmonary hypertension.

With failure of the left ventricle, the impaired functional capacity of the left ventricular myocardium results in a back pressure effect within the pulmonary circuit, producing engorgement of the pulmonary vessels and resultant pulmonary hypertension.

This hypertension, however, is not sustained and during the periods of freedom from cardiac asthma the intensity of the pulmonic second sound, which is accentuated during attacks, again becomes less than that of the aortic second sound.

Increased pressure in the pulmonary vein must be associated with a corresponding increase in the pulmonary artery pressure if blood flow is to be maintained but, in the systemic circulation, changes in venous pressure affect arterial pressure little if at all.

By catheterizing the right hearts of 31 patients with mitral stenosis, Craig W. Borden, M.D., Richard V. Ebert, M.D., Russell H. Wilson, M.D., and Herbert S. Wells, M.D., found a rough linear correlation between the degree of pulmonary artery hypertension and the extent of incapacitation by exertional dyspnea.

Studies of 23 men with failure of the left ventricle showed slight elevation of pulmonary artery pressure and significant diminution of pulmonary blood flow, but to a lesser degree than with advanced mitral disease. In left ventricular failure, the reduction in vital capacity is apparently not related to pulmonary artery pressure but to varying degrees of interstitial pulmonary edema. Failure of the right ventricle consequent to failure of the left is probably due to intrinsic myocardial

* Pulmonary hypertension in heart disease. New England J. Med. 242:529-534, 1950.

disease in addition to slight pulmonary hypertension.

Since sustained severe pulmonary hypertension is almost universal with symptomatic phase of mitral stenosis and since the level of the pulmonary artery pressure is closely correlated with the symptomatology, evaluation of the disability and prognosis of the patient may be facilitated.

Venous Pressures and Hepatic Cirrhosis

CHARLES S. DAVIDSON, M.D., THOMAS B. GIBBONS, M.D., AND WILLIAM W. FALOON, M.D.*

WHEN circulation in the liver is impeded by cirrhosis, pressure in the portal vein is elevated. The portal venous pressure can be estimated in a superior abdominal vein, one of the portal collateral vessels.

The vein employed is manually compressed between the site of venipuncture and the heart. The pressure then obtained reflects the pressure in the portal venous system.

Pressure in the femoral vein is usually related to the pressure of abdominal fluid and the amount of edema in the legs.

Charles S. Davidson, M.D., of Harvard University, Boston, Thomas B. Gibbons, M.D., of University of Minnesota, Minneapolis, and William W. Faloon, M.D., of Syracuse University, N.Y., obtain direct venous pressures with the phlebomanometer. To determine ascitic fluid pressure, a 20-gauge needle is inserted into the peritoneal cavity at the most ventral point with the subject supine.

Values were determined for 10 patients with chronic alcoholic cirrhosis and for 1 with an ovarian cyst containing over 5 liters of fluid. Ascites had developed in 8 cases and edema in 7.

Antecubital venous pressure was normal in 7 cases and slightly elevated in 4. Levels in the femoral vein were generally as high as those of abdominal fluid or higher. Both femoral and abdominal values were roughly related to the presence and extent of edema in the lower extremities.

When blood flowed freely through the superior abdominal collateral vein, pressure was usually below that of ascitic fluid. But in all cases of cirrhosis, the venous pressure during proximal obstruction was at least as high as ascitic fluid pressure, remained high after paracentesis, and was in the range of portal pressures measured at operation. Femoral levels dropped approximately to normal after paracentesis and after drainage of the ovarian cyst.

* Systemic and portal venous pressures in cirrhosis of the liver. J. Lab. & Clin. Med. 35:181-187, 1950.

Tuberculosis and the General Practitioner

JOHN N. HAYES, M.D.*
Trudeau Sanatorium, Saranac Lake, N.Y.

SINCE the advent of community surveys, more and more tuberculosis cases are being referred to the family physician. He is often asked to care for an individual until admission to a sanatorium is possible or to supervise the after care of a discharged patient.

Moreover, explains John N. Hayes, M.D., early diagnosis is frequently the problem of the general practitioner, as is the explanation to the patient's family of problems connected with therapy. The questions may include how to carry out prophylaxis or when streptomycin should be given.

DIAGNOSIS AND PROPHYLAXIS

Primary infection with tuberculosis should be suspected when children are irritable, persistently anemic, fail to gain weight, and have continual colds. After every respiratory infection, the tuberculin patch test is a valuable precautionary measure.

BCG vaccine is given to persons not previously infected who are in contact with open tuberculosis. Subjects may be relatives of a patient, medical and nursing students, or residents of areas with a high rate of disease such as slums or Indian reservations.

Secondary tuberculous infection is a possibility when digestive symptoms are not improving under treatment, diabetes becomes uncontrollable, cystitis is not affected by the usual drugs, hoarseness recurs, asthma is not relieved by bronchial dilators, or anal fistula develops.

Chronic bronchitis, a well-known clue, is sometimes disregarded in people over sixty because of the mistaken belief that tuberculosis does not occur with elderly persons. However, an infection sustained in early years may become active from vicissitudes of age. The lesions may be widespread, yet the individual appear perfectly healthy.

In spite of careful search, tubercle bacilli are found in only 60% of cases with slight involvement. But if pulmonary tuberculosis is accompanied by purulent sputum, organisms are nearly always discovered by several examinations. Sputum is obtained early in the morning and direct smears examined.

If no bacteria are seen, the specimens are concentrated, then cultured. When sputum is not available, several gastric aspirations are cultured.

Tuberculous foci that appear healed should be studied in serial roentgenograms. The slightest change for better or worse indicates active inflammation. If the apexes contain old cortical lesions, a fresh process in midlung is probably tuberculous likewise.

* Tuberculosis from a general practitioner's viewpoint. New York State J. Med. 50:977-979, 1950.

TREATMENT

Therapy continues to be bed rest, psychotherapy, good food, training in adjustment to disease, and rehabilitation.

The physician is often tempted to advise streptomycin or dihydrostreptomycin as soon as tuberculosis is diagnosed. However, these drugs should not be administered without the advice of a specialist in tuberculosis therapy. Also, the probable course of the infection and need for operation should usually be determined first. Once bacterial resistance has developed, the drugs confer no further benefit yet may be urgently needed after surgery.

Miracles may be produced by dihydrostreptomycin with or without para-aminosalicylic acid and by collapse therapy. However, relapses may occur, rest is necessary, and because of the decreased mortality, more sanatorium beds are occupied than formerly. Harmful drug reactions are rare, though the dosage and the length of course have not yet been standardized.

Pneumoperitoneum is often used with antibiotics for bilateral involvement. Because of the complications of pneumothorax, this valuable measure is employed less often than before, but with consequently better success. A lobe or lung is frequently removed.

Before entering an institution, the individual with tuberculosis should remain in bed with bathroom privileges, whether or not he has symptoms. Adult contacts are examined by roentgenograms, children by patch tests, and, if reaction is positive, by roentgenography.

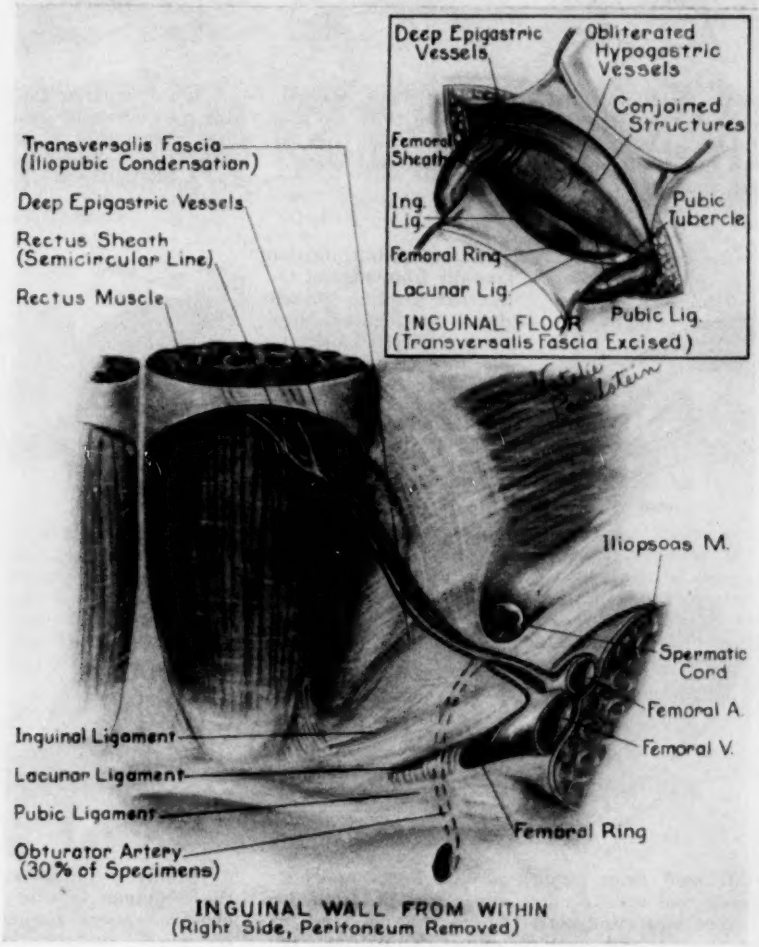
After discharge from a sanatorium, radiograms are made every third month and after recovery from colds. During respiratory infection, sputum is examined for bacilli. Plenty of rest should be obtained and the weight kept up.

TRACHEOBRONCHIAL ASPIRATION may be done with a urethral catheter in most patients. Since asphyxsia from accumulating tracheobronchial secretions is a frequent complication in many medical diseases, Leonard Cardon, M.D., of Northwestern University, Chicago, believes that any internist or general practitioner should be able to undertake this measure. The catheter, size 16 F. or thereabouts, can usually be passed quite easily through the nose or, if necessary, the mouth and inserted blindly into the trachea. The catheter is connected by a glass tube to a long rubber tube leading to the vacuum bottle of an electric suction machine. The catheter is lubricated by moistening with water before insertion. This method of aspiration can be repeated as often as necessary without laryngeal trauma. The procedure is inadvisable with local infection of the larynx, severe glottic spasm, or conditions in which increased intracranial pressure may be fatal, but the risk may be worth while if aspiration is urgently needed.

J.A.M.A. 142:1039-1044, 1950.

Inguinal Hernia of the Adult

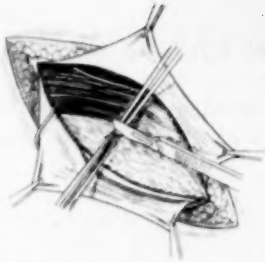
F. M. Al Akl, M.D.
Kings County Hospital, New York



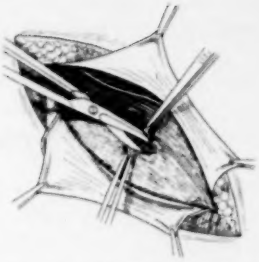
KEEP THIS PICTURE IN MIND

Make incision through skin and muscle in the usual manner.

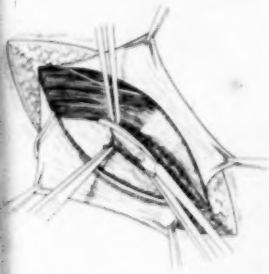
1. Isolate the ilioinguinal nerve over cremaster layer and retract beyond two clamps applied to edge of lateral aponeurotic leaf.



2. Retract both aponeurotic leaves. Pick up and incise cremaster layer at edge of internal oblique muscle.

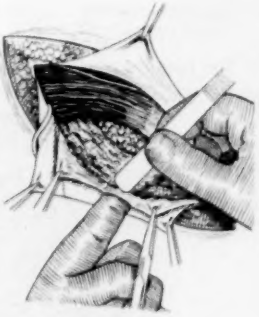


3. Lift and separate layer from the underlying structures, then scissor it medially from conjoined tendon down to pubic crest.

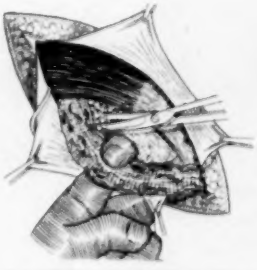


4. (Left) Continue incision laterally from edge of the internal oblique muscle down to inguinal ligament. Clamp and tie bleeding cremasteric vessels above emerging cord.

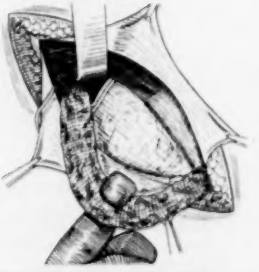
5. Clamp and lift cremaster flap, then reflect adherent cord exposing cremaster insertion into inguinal ligament. Finish excising cremaster layer.



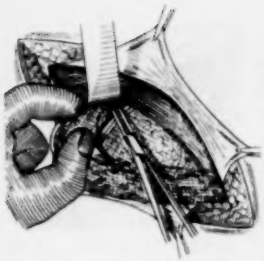
6. Lift cord from pubic tubercle and open clamp between, separating cord from tubercle and underlying reflection of inguinal ligament.



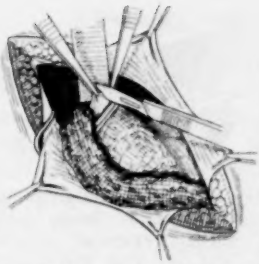
7. With finger under the cord, free it from bed up to internal ring. Examine inguinal floor noting separated fibers or atrophy of transversalis fascia.



8. If only a bulge over the inguinal trigone is evident, retract conjoined muscle supralaterally exposing internal ring.

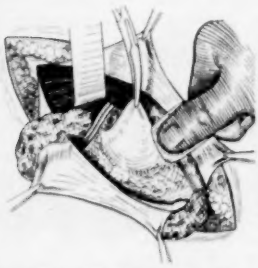


9. Retract cord laterally, then open internal spermatic fascia at medial angle between cord and the deep epigastric vessels, thus exposing parietal peritoneum.

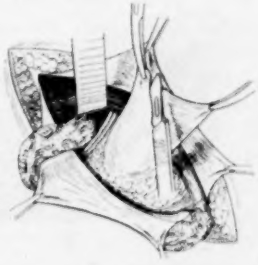


10. Pull on cord bringing peritoneum to view. Pick up peritoneum and open between plain forceps; clamp edges, then introduce finger and feel for other sacs.

11. With finger tip at internal ring, reflect deep epigastric vessels and adjoining fat medially from hernial bulge up to vascular perivesical fat.

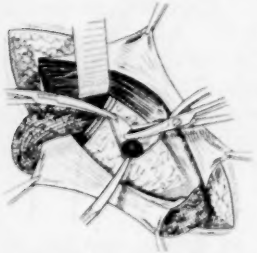


12. If a hernial mass separate from spermatic cord is discovered, retract cord beyond two clamps on edge of lateral aponeurotic flap. Clamp edge of mass and dissect free.



13. Incise covering transversalis fascia and properitoneal fat at supralateral aspect of mass and locate hernial sac. Open sac, clamp edges, and explore with finger.

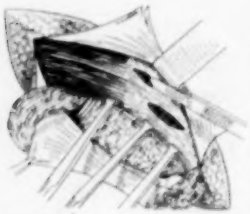
14. If sac is shallow, reflect the fat away. If long, incise thinned out transversalis covering circularly around neck; clamp bleeders. Watch for bladder medially.



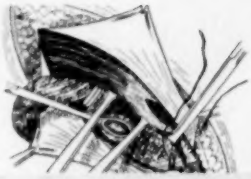
15. Open, then excise sac, and clamp cut edges.

16. Bring edges together transversely.

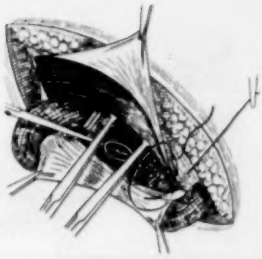
17. Suture tear in transversalis fascia when edges are tangible.



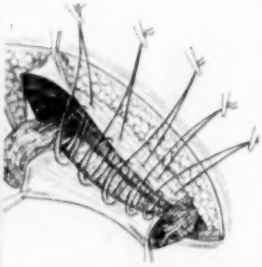
18. Clamp the conjoined structures and iliopubic condensation of transversalis fascia. Retract medial leaf of external oblique aponeurosis, then incise anterior rectus sheath obliquely.



19. Depress bulging inguinal floor. Bring down medial external oblique leaf and pass first suture ½ cm. from edge of upper crus through edge of rectus sheath insertion close to pubic crest down through inguinal ligament.



20. Pass needle once more at edge of upper crus and out through shelving edge of inguinal ligament and clamp ligature.

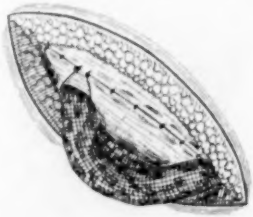


21. Continue suture laterally. Watch for femoral vessels which lie beneath inguinal ligament near internal ring.

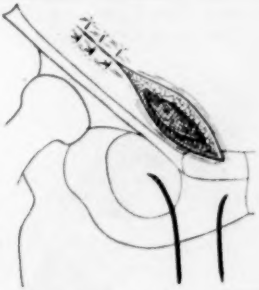
22. Tie sutures approximating conjoined structures with overlying external oblique flap to inguinal ligament.

23. Approximate portion of medial leaf of external oblique aponeurosis lateral to cord down to inguinal ligament.

24. Release clamps on lateral aponeurotic leaf and incise fibers vertically over emerging cord.



25. Suture edges of lateral leaf around cord and over medial leaf.



26. Reposit cord over reconstructed wall; close skin with vertical mattress sutures.

NOTES

The wide structural variation of the inguinal region of old patients with hernias permits no rigid standardization of repair. In this group, the operating table must be approached with an open mind. Following accurate dissection, the damage to the wall should be properly assessed and a plan formulated to use available structures for repair.

Routine excision of the cremaster sheath unfolds the anatomy and exposes the cord. As a result the cord requires smaller apertures for exit, and the cut edges left after the cremaster is excised provide raw surfaces which heal readily.

The cord need not be routinely transplanted. Where the structures around the internal ring are too atrophied, the external oblique flaps are plicated over the emerging cord thus reinforcing the wall at that weak point. Otherwise the cord is brought out through the lateral angle of the incision in the external oblique aponeurosis and the flaps plicated beneath it directly over the inguinal trigone.

Routine substitution of the pubic for the inguinal ligament for anchorage of abdominal wall layers cannot be justified. If the rationale for current optimism be correct, recurrent hernial sacs should emerge through the femoral canal, not the inguinal floor. The relative shortness of the available pubic ligament, its close proximity to the femoral sheath, and its comparative depth necessitating more tension on the sutures, all preclude its routine use for anchoring transversalis fascia or conjoined structures. Nevertheless, the pubic ligament should always be considered as an alternate when a substitute for the inguinal ligament appears desirable or when a femoral hernia is also encountered.

In complete hernia, the vertex of the sac, unless it peels off easily, need not be disturbed. The annoyance of a scrotal hematoma which may follow the dissection of an adherent sac is more real than the possibility of a hydrocele.

The relaxing incision in the anterior rectus sheath may eliminate tension which usually deters repair of both sides simultaneously.

Sharp incisive dissection assures firmer healing than does ripping structures apart. Accurate approximation with several fine sutures distributes the tension evenly and is obviously superior to big bites with heavy sutures. An operator often develops a preference for certain suture materials. For hernia repair, because of necessarily extensive dissection and unavoidable strain on the approximating suture, the most tensible and least irritating suture material becomes especially desirable. In these two qualities, stainless steel thread approaches the ideal.

Management of Chronic Regional Ileitis

EVERETT D. KIEFER, M.D., SAMUEL F. MARSHALL, M.D.
Lahey Clinic, Boston
M. P. BROLSMA, M.D.*
University of Nebraska, Lincoln

RECENT medical and surgical measures in the treatment of regional enteritis are unsatisfactory.

Treating 33 patients by medical means, Everett D. Kiefer, M.D., Samuel F. Marshall, M.D., and M. P. Brolsma, M.D., report that 6 were relieved or improved. The indications for conservative management are: [1] localized disease of short duration, without obstruction, fistula, abscess, or other complication, or [2] uncomplicated but widespread disease of such an extent that extirpation of all the affected portion would seriously impair intestinal absorption.

Medical treatment is directed toward supporting the patient's resistance to the disease and includes such nonspecific measures as: bodily rest; adequate nutrition; diminution of intestinal activity; correction of secondary systemic effects, including anemia, dehydration, and hypoproteinemia; and control of infection. Sanitarium treatment or the equivalent seems rational, especially for recurrence after surgery.

Medical management is unsuccessful in a majority of cases, but should be given a trial in localized uncomplicated involvement of the terminal ileum. Patients with extensive roentgenographic changes may spontaneously improve and enjoy reasonably good health.

Resection of a segment of small intestine or removal of the terminal loops of ileum along with the ascending colon was done for 118 patients. Radical resection of the diseased intestine with mesentery and adjacent lymph nodes is preferred to exclusion procedures such as enteroenterostomy and enterocolostomy. The cecum and ascending colon are removed with the terminal ileum because of the frequent involvement of the ileocecal junction.

Of the patients treated for regional ileitis by surgical resection and observed two to ten years, 34% had recurrences, more than half within two years. The rate of postoperative recurrence was uninfluenced by the extent of involvement, severity of symptoms, pathologic changes, or incidence of preoperative complications, although fistula and abscess were noted slightly less frequently among the nonrecurrent cases.

Laboratory evidence of activity of the disease includes hypochromic anemia, elevated sedimentation rate, and lowered albumin-globulin ratio. The white blood cell count is rarely

* The management of chronic regional ileitis. Gastroenterology 14:118-130, 1950.

increased except in patients with fistula or abscess.

Diarrhea due to hypermotility is fairly common after resection.

Roentgenograms of recurrent ileitis show involvement just proximal to the ileocolostomy.

After resection of a portion of the ileum, chronic ulcerative colitis developed in 5 patients, indicating a probable relationship between regional enteritis and ulcerative colitis.

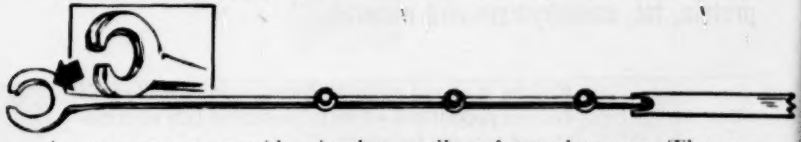
Medical treatment of postoperative recurrent ileitis should be instituted when the diagnosis is in doubt or the manifestations are slight. Surgery is necessary when medical treatment is ineffective, for obstruction, fistula, or abscess, and when the process is well localized.

Ligature Carrier and Knot Tier

HENRY BYRON LARZELERE, M.D.*

IN deep surgical exposures, an instrumental aid for carrying ligatures and tying knots is desirable.

Henry Byron Larzelere, M.D., of Hurley Hospital, Flint, Mich., presents such a combination instrument of chrome-plated steel. The construction is exceedingly simple (see illustration), consisting of a grooved loop set on a shaft. The distal portion of the loop



is cut away to provide visual as well as knot clearance. The opposite end is a blunt metal ribbon terminating in two slots.

A ligature is placed around the hemostat shaft and the knot loosely tied at the surface of the wound. The slotted end is then used to carry the loop down to and around the tie point. The knot of the ligature is pushed down by the grooved loop until tight against the objective. In like manner, second and third knots can be brought down in rapid succession.

The instrument is particularly useful in vagotomies via the abdominal approach when the vagi are ligated after being clamped and severed, for renal and ureteral surgery when exposure is restricted, for difficult total hysterectomies, and for performing the following operations on very large or obese patients: ligation of the cystic artery and duct in cholecystectomy; sympathectomy; obturator neurotomy via the extraperitoneal route; and posterior peritonization after routine types of large bowel resection.

* Ligature carrier and knot tier. Surgery 27:449-456, 1950.

not fatty indigestion

Infants digest and absorb fats less efficiently than either proteins or carbohydrates.[1] This is important to bear in mind, since certain animal milks produce volatile, unabsorbable fatty acids causing gastrointestinal irritation[2, 3] which may contraindicate their use as replacements for human or cow's milk in hypoallergenic diets.

Mull-Soy solves this problem. (1) The only fat in Mull-Soy is soy oil which does not form volatile fatty acids in the infant's intestinal tract. (2) Mull-Soy protein contains neither casein nor lactalbumin. (3) Mull-Soy supplies essential nutritional values of protein, fat, carbohydrate and minerals.

Mull-Soy is a liquid palatable, homogenized, hypoallergenic (vacuum packed) food — high in unsaturated fatty acids considered essential for growth.

At drugstores in 15½ fluid ounce tins.

1. Jeans, P. C., and Marriott, W. M.: Infant Nutrition, C. V. Mosby Co., 4th ed., p. 140.
2. Hilditch, T. P.: The Chemical Composition of Natural Fats, John Wiley & Sons, 2nd ed. rev., p. 127.
3. Brennemann, J.: Practice of Pediatrics, W. F. Prior Co., vol. 1, chap. 26, p. 3.

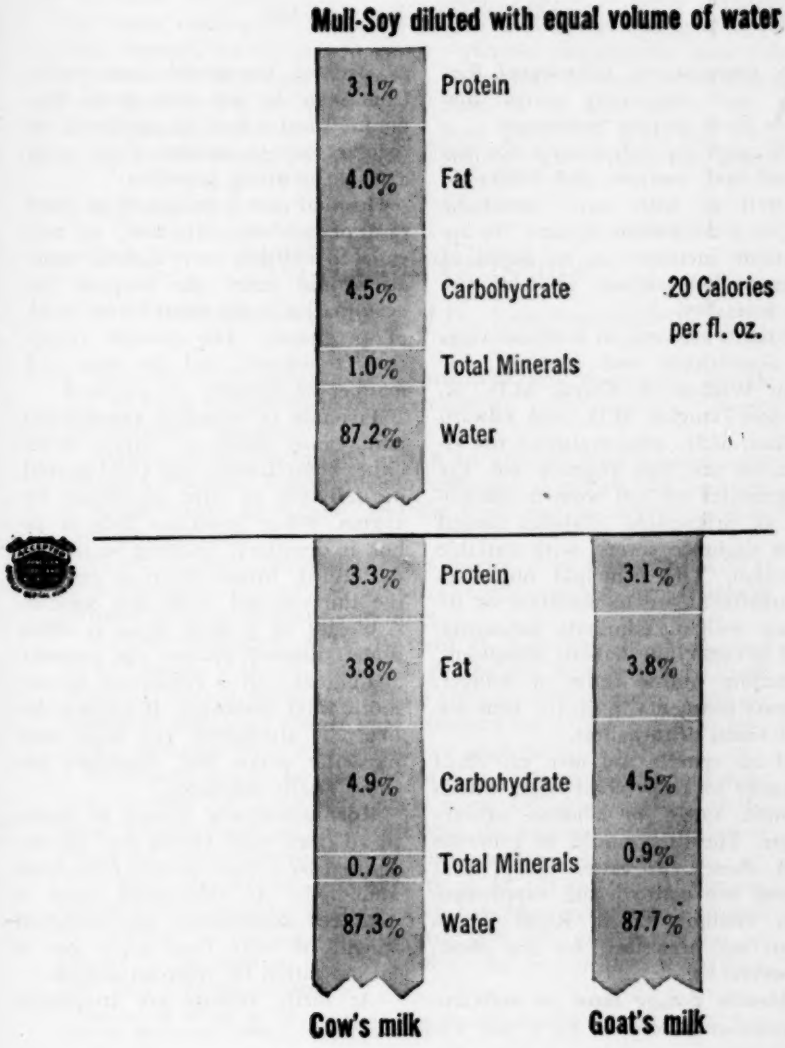
For hypoallergenic diets in infants and adults look to

MULL-SOY®

The Borden Company, Prescription Products Division

350 Madison Avenue, New York 17

. . but fat tolerance



Pregnancy and Diabetes

WILLIAM P. GIVEN, M.D., R. GORDON DOUGLAS, M.D., AND EDWARD TOLSTOI, M.D.*
Cornell University, New York City

An unmeasured, self-selected diet may adequately control diabetes during pregnancy.

Although hyperglycemia is not prevented both mothers and babies do as well as with strict metabolic control and hormone therapy. No appreciable increase can be noted in toxemia, ketoacidosis, or fetal size and mortality.

Patients are seen on alternate visits by obstetrician and internist, explain William P. Given, M.D., R. Gordon Douglas, M.D., and Edward Tolstoi, M.D., who evaluated the effects of the free regimen for 131 pregnancies of 106 women, including 35 primiparas. Diabetes ranged from slight to severe, with variable duration. The principal objectives of treatment are to maintain or increase weight, eliminate ketonuria, and prevent all diabetic symptoms, including undue thirst or hunger, urinary frequency, polyuria, pruritus, and visual disturbances.

If all criteria are met, no effort is made to keep blood sugar within normal range or abolish urinary sugar. The diet should be generous and chosen to taste, except that sweets are omitted and supplementary vitamins taken. Rigid limitations are prescribed for the obese, however.

Insulin dosage must be sufficient to prevent ketogenesis and varies from none to 120 units daily. Protamine insulin may be employed, or regular and protamine, 2 to 1, in a single morning injection.

Hospital care is obligatory in every case of acidosis, infection, or toxemia. In addition, every diabetic woman should enter the hospital for examination at the thirty-fourth week of pregnancy. The general condition is assessed, and the date and manner of delivery are planned.

Toxemia or repeated ketoacidosis may cause death in utero. With either complication, the child should be delivered at once, preferably by vagina. When induction fails or labor is desultory, cesarean section is performed. Infants born as early as the thirty-second week may survive.

Weight of a large fetus is often underestimated because the anterior abdominal wall is edematous or amniotic fluid abundant. If vaginal delivery is attempted, the head may pass the pelvis but shoulders become fatally impacted.

Roentgenograms should be made in all cases, since edema may be recognized by a halo around fetal head and body. An edematous child is delivered immediately, and estimated weight of more than 4,500 gm. is an indication for cesarean section.

At birth, infants are frequently

* Pregnancy and diabetes. Am. J. Obst. & Gynec. 59:729-747, 1950.

sluggish, with difficult respirations, brawny generalized edema, cyanosis, and enlarged heart. Oxygen therapy and suction may be advisable. Starting about six hours after birth, glucose is given by mouth.

After three feedings, an evaporated milk formula containing 70 calories per 100 cc. is begun, if necessary by gavage. On the third day the fluid intake is 100 cc. per kilogram and by the seventh, 150 cc.

If temperature is subnormal for more than twelve hours, an incubator with constant heat and humidity is provided. When hypoglycemia results in convulsions or collapse, glucose is given parenterally, with or without epinephrine.

Activity and appetite usually develop within two weeks; thereafter treatment is the same as for any newborn child. The heart may shrink to ordinary size within two months.

ACTH for Leukemia

WILLIAM DAMESHEK, M.D., AND ASSOCIATES*

CHILDREN with subacute lymphatic leukemia apparently benefit at least temporarily from treatment with pituitary adrenocorticotropic hormone.

A sense of well-being and return of appetite and energy occur within a few days. Hepatosplenomegaly may diminish, the peripheral blood return to normal, and the bone marrow reveal granulocytic proliferation.

Children under ten years of age receive 5 to 10 mg. of ACTH four times each day for two weeks. The amounts are then gradually reduced to small maintenance doses.

William Dameshek, M.D., Richard H. Saunders, Jr., M.D., and Leda Zannos, M.D., of Tufts College and the New England Center Hospital, Boston, gave ACTH to 8 patients with acute or subacute leukemia. Beneficial results were obtained for 5 children with lymphatic leukemia of the aleukemic or leukopenic type.

No benefit was received by 2 patients with myelocytic leukemia. One of these may have been made worse by administration of the drug. These results are in accord with the experimental finding of lymphoid tissue regression in animals receiving ACTH.

Of equal importance is the ability of ACTH to stimulate granulocytic activity in bone marrow which has apparently been destroyed by leukemia or aminopterin. Erythroblasts and megakaryocytes reappear in the marrow with coincident rise in reticulocyte, erythrocyte, and platelet counts.

* The use of ACTH in the treatment of acute and subacute leukemia. Bull. New England M. Center 12:11-21, 1950.

Cerebrovascular Lesions of Diabetes

RUSSELL N. DEJONG, M.D.*
University of Michigan, Ann Arbor

DIABETES mellitus may injure not only peripheral nerves but the spinal cord, brain stem, midbrain, cerebrum, or autonomic apparatus. In fact, the entire peripheral and central nervous system is sometimes diffusely involved.

Neurologic manifestations probably result from vascular changes more often than is generally suspected. Russell N. DeJong, M.D., is impressed by the incidence of cerebrovascular disease in young diabetic patients.

Since the life span has been increased by insulin, vascular lesions have become almost inevitable, regardless of age at onset of diabetes, degree of involvement, or type of treatment.

If illness has lasted more than ten years, retinopathy is seen in approximately three-fourths of a group less than thirty years old. In half the cases, hypertension and albuminuria are evident at the time of the first retinal hemorrhage.

Before 1914, persons with diabetes died at the age of about forty-five years, and nearly 64% died in coma. From January 1944 to May 1946 life expectancy was sixty-four years; 3% died in coma, and 67% of cardiorenovascular disease.

Both focal and diffuse involvement of cerebral vessels is noted with rising frequency among diabetics of all ages, especially in young people. Transient paralysis, aphasia, and hemianopsia may result from vasospasm or small thromboses, and permanent disability of the same nature follows hemorrhage or infarction.

Multiple small vascular lesions can produce generalized cerebral dysfunction, including emotional lability, loss of recent memory, and a syndrome resembling senile dementia or dementia paralytica.

In some cases, cerebral vessels are among the first to have serious defects. For example, a young man with diabetes of several years' duration had left hemiparesis and other signs of an impaired central nervous system. At autopsy the aorta and coronary arteries were only moderately sclerotic and peripheral vessels were not involved.

But meningeal and cortical vessels were heavily atheromatous. The cerebral cortex had areas of complete infarction and necrosis, which in some places extended into the white matter.

The paralytic attack was explained by well-defined lesions of the motor cortex on the right.

Of the 4 known types of arteriosclerosis, diabetes causes chiefly the atheromatous sort, with or without arteriolar sclerosis. A patchy lesion

* The nervous system complications of diabetes mellitus, with special reference to cerebrovascular changes. J. Nerv. & Ment. Dis. 111:181-206, 1950.

develops principally in the inner layer of the larger elastic arteries.

The intima thickens, cholesterol accumulates in the cells, and atheromatous plaques become calcified. The media is fibrotic and, as the lumen is gradually reduced, thrombosis may occur.

Arteriolar sclerosis consists of hypertrophy and degeneration of the media and proliferation of the intima, with hyaline change.

Vascular degeneration seems to be an associated phenomenon of diabetes, not a true complication. Possibly an inherent biologic weakness affects both the insulin-producing tissues and blood vessels. The large amount of lipoids in the blood stream, especially cholesterol, may be responsible for the atheromatous plaques.

The initial damage to both arteries and nerves may be caused by impairment of the nutrient circulation, the vasa vasorum and vasa nervorum. Further investigation of the blood supply of the nervous system may explain many phenomena, as well as syndromes overlooked in the past.

Radiography of Small Bowel

JACK FRIEDMAN, M.D., AND LEO G. RIGLER, M.D.*

A MILLER-ABBOTT tube with triple lumen may be employed for double contrast roentgenography of the small intestine.

The apparatus utilized by Jack Friedman, M.D., and Leo G. Rigler, M.D., of the University of Minnesota, Minneapolis, has two balloons 25 cm. apart, one at the distal end of the tube. Each has a separate lumen, and between the balloons are eight holes in the third lumen for injection of contrast material and aspiration of intestinal fluids.

The tube is fed through the nostril with fluoroscopic control; passage may be hastened by introduction of metallic mercury. When the duodenum is entered, the distal balloon is inflated and allowed to progress to the suspected region.

The loop of bowel to be examined is isolated by inflation of both balloons to pressures of 25 to 40 cm. of water. Contents of the segment are aspirated, a thin mixture of barium sulfate is instilled, and when the mucosa is well coated, 150 to 200 cc. of air is injected.

Spot films are exposed, and several roentgenograms are made with the patient in prone position. The tube can be left in place for therapeutic decompression or as a guide to surgery.

During passage of the Miller-Abbott tube, a bleeding site may be located by aspiration of bowel contents for guaiac tests.

* A method of double-contrast roentgen examination of the small intestine. Radiology 54:365-379, 1950.

Climacterium: a Developmental Phase

THERESE BENEDEK, M.D.*
Institute for Psychoanalysis, Chicago

In most women the change of life is a period of reorganization for new creative activity. As hormone production declines and emotional sex needs are abated, energy is released for broader fields of interest.

Therese Benedek, M.D., believes that fear of the climacterium is much exaggerated in our culture. Psychiatric symptoms occasionally develop, but only because trends already woven into the woman's personality are reactivated by physiologic change.

From the biologic point of view, the process that occurs about the time of the menopause is obviously regressive. The ovaries cease to produce mature ova, and capacity for childbearing ends. But the response to involution should be a new phase of integration, in which the individual adapts herself to internal change and learns to master different types of environmental stimuli.

In many primitive societies, women are particularly dreaded during menstrual periods and accorded greater prestige after propagative powers decline. The Chinese wife, for example, becomes a real power in the family only after her son is married. Folklore often depicts the kind, discerning grandmother who undoes the harm of the world.

The monthly sexual cycle gives a clue to the psychopathology of the climacterium. Immediately after the menses the estrogenic, follicle-ripening hormones increase, stimulating extroverted activity and sexual desire, which are usually most intense at the time of ovulation.

Progestins then prepare the uterus for implantation of the ovum and turn emotional interest inward. If pregnancy does not occur, hormone production falls and menstruation begins.

The emotions associated with hormonal decrease just before the menses correspond to those of involution. Some women are tense, impatient, and hostile, with urgent sexual desires, but at other times or in other cases, libido is lacking and the mood depressed; a sense of frustration is accompanied by one of inferiority and self-accusation.

The individual's method of controlling psychic tensions indicates the reaction to be expected during menopause. Inflexibility or exhaustion of the adaptive mechanism may result in suicidal depression.

With most women, premenstrual symptoms subside during sexual maturation, especially if children are borne. Psychologically, maternity channelizes and sublimates the feminine trends of the sexual drive—responsiveness, sympathy, and desire to care for others.

While desexualization proceeds, the balanced personality finds new

* Climacterium: a developmental phase. Psychoanalyt. Quart. 19:1-27, 1950.

aims. Jealousy and insecurity are overcome, love becomes more tolerant; the feeling toward grandchildren is free of a mother's conflicts toward her own children.

The middle-aged woman demands more from herself. New ambitions may expand into a desire to acquire more knowledge and into greater social consciousness.

Spinal Fracture from Electroshock Therapy

ISADORE MESCHAN, M.D., JOE B. SCRUGGS, JR., M.D., AND JOSEPH D. CALHOUN, M.D.*

THE hazard of inducing vertebral fractures is considerable when electroshock is used for psychiatric treatment.

In a study of 212 male patients with various mental conditions, Isadore Meschan, M.D., Joe B. Scruggs, Jr., M.D., and Joseph D. Calhoun, M.D., of the University of Arkansas, Little Rock, and Veterans Administration Hospital, North Little Rock, found that 35.4% had vertebral body injuries as a result of electric shock treatment. The number of vertebrae fractured in the 75 patients averaged 2.56 apiece. The third, fourth, and fifth dorsal vertebrae were predominantly affected.

In almost two-thirds of cases, the injuries occurred in the first three treatments, while four-fifths of the fractures took place within the first five treatments.

The incidence of vertebral fracture was slightly higher for patients in the age group of thirty to thirty-nine years than in patients between twenty and sixty years.

A high correlation was demonstrated between anterior narrowing of vertebral bodies, apart from osteochondrosis, and the subsequent occurrence of fracture, although very few of the narrowed bodies were fractured.

Patients who had previous convulsive shock therapy and who did not have anterior narrowing were unlikely to sustain fractures. The incidence of electric shock fracture was only 11.8% for 34 patients with osteochondrosis.

Curare, when administered from the start, appreciably reduced the occurrence of fractures.

Since curare can be a dangerous agent, use of the drug should preferably be limited to patients between thirty and thirty-nine years of age whose roentgenograms indicate an anteriorly narrowed vertebral body, exclusive of osteochondrosis.

* Convulsive fractures of the dorsal spine following electric-shock therapy. Radiology 54:180-192, 1950.

Cardiac Disorders During Anesthesia

VINCENT J. COLLINS, M.D.*
St. Vincent's Hospital, New York City

THE modern anesthesiologist must be a diagnostician and well acquainted with respiratory and cardiovascular physiology.

Despite the handicap of an uncommunicative patient, the anesthetist, relying only on physical signs, has to differentiate such specific conditions as pulmonary collapse, embolism, tension pneumothorax, diabetic acidosis, pulmonary edema, hypoglycemia, thyroid crisis, cerebral accident, angioneurotic edema, shock, coronary occlusion, myocardial insufficiency, and cardiac arrhythmias.

Other complicating problems may be the reactions incident to the anesthesia, such as hypoxia, carbon-dioxide excess, and effects on carbohydrate metabolism, the autonomic system, and the reflexes.

Aids to diagnosis are:

1] Changes in blood pressure, pulse, respiration, and capillary circulation

2] Continuous kymography of pressure and pulse

3] Oxyhemoglobinography

4] Blood volume determinations

5] Direct writing electrocardiography

6] Cardiac output determinations by catheterization

The electrocardiogram is especially helpful for exposing cardiac abnormalities.

For supraventricular arrhythmias, especially auricular tachycardia, intravenous procaine is most beneficial. Atropine is effective in sinus or nodal bradycardia. With severe conduction disturbances and hypoxia or myocarditis, management includes abundant oxygen, withdrawal of all anesthetics, and the possible administration of digitalis.

Intravenous quinidine, states Vincent J. Collins, M.D., is indicated for disturbed myocardial irritability and ectopic rhythms with potential ventricular fibrillation.

Since epinephrine may perpetuate ventricular fibrillation but may be of distinct value in mechanical asystole, the differentiation of these two conditions producing cardiac arrest is of the utmost importance. Treatment of arrest includes:

1] Artificial maintenance of circulation by manual massage of the heart. The organ is directly exposed by division of the fourth and fifth costal cartilages and cephalad milking action is performed twenty to forty times per minute.

2] Rhythmic intermittent inflation of the lungs with oxygen.

3] Slight Trendelenburg position.

4] Specific drug therapy. For asystole, intravenous or, preferably, intraauricular epinephrine is used. Intravenous quinidine and electric

* Diagnosis of cardiac disorders during anesthesia and surgery. New York Med. vol. 6, no. 5, pp. 16-18, 1950.

shock, according to the technic of serial defibrillation, are indicated in fibrillation.

Some form of direct writing electrocardiography will be standard in every surgical theater within the very near future. The following table illustrates the significant cardiac abnormalities as shown by electrocardiography and gives suggested treatments:

Disturbances in initiation of impulses

1] Ectopic sinus, paroxysmal auricular, or nodal tachycardia or auricular fibrillation. *Therapy*—Mecholyl, vagus stimulation, digitalis, quinidine.

2] Sinus or auriculoventricular bradycardia of extreme degree. *Therapy*—Atropine. With failure to revert to and remain normal after atropine, a preterminal state probably exists.

Disturbances in conductivity

Evidence of anoxemia; drug effect from chloroform, ether

1] ST segment and T wave abnormalities.

2] Major disturbance of intraventricular conduction, bundle-branch block.

3] A complete auriculoventricular dissociation, exclusive of interference dissociation.

4] Sinus arrest.

Disturbances in myocardial excitability (contractility)

Myocarditis; anoxemia; hyperpotassemia; drug effect from cyclopropane, deep ether; arrhythmias with danger of ventricular fibrillation

1] Ventricular premature systoles. *Therapy*—Procaine, quinidine.

2] Ventricular tachycardia. *Therapy*—Quinidine.

Cardiac arrest

1] Preterminal

a] Severe bradycardia.

b] ST segment deviation.

c] Ventricular extrasystoles.

2] Terminal

a] Dilatation and mechanical asystole or standstill. *Therapy*—Manual massage, epinephrine, amines.

b] Cardiac ventricular fibrillation. *Therapy*—Procaine topically and intravenously, quinidine intravenously, electric shock.

c] Auriculoventricular dissociation with absence of ventricular response. *Therapy*—Procaine.

PROCAINE TOXICITY or hypersensitivity is rare, but since the drug is widely used as an anesthetic, any side reactions are important. The most pronounced symptom of overdosage is a greatly increased pulse rate accompanied by dizziness, motor excitement, and irregular respiration. With intravenous or subcutaneous administration of 0.5 to 1 mg. of neostigmine methylsulfate, I. E. Buff, M.D., of Charleston, W. Va., finds that the cardiac rate is reduced almost immediately. Other symptoms usually disappear rapidly.

Am. Pract. & Digest of Treatment 1:347-348, 1950.

Medical Forum

Discussion of articles published in MODERN MEDICINE *is always welcome. Address all communications to The Editors of* MODERN MEDICINE, *84 South 10th St., Minneapolis 3, Minn.*

Personality and Ulcerative Colitis*

TO THE EDITORS: The article on personality and ulcerative colitis by Dr. V. P. Mahoney and associates is excellent and brings out clearly the complex neurotic personality patterns of these patients. While the authors do not draw any definite conclusions as to the psychosomatic causation of idiopathic ulcerative colitis, it is clearly evident that the personality patterns will profoundly affect the course of the disease.

By implication, it is also clear that the patient's personal relationship to his physician also greatly influences his response to treatment. A sympathetic understanding of the patient and a willingness to allow the patient to talk freely of his problems are absolutely necessary to successful management of the disease.

I am firmly convinced that idiopathic ulcerative colitis is caused by deep-seated emotional conflicts in the personality below the conscious level, antedating by many years the emergence of the clinical disease. The very multiplicity of proposed causes and treatments expounded by numerous skilled scientific investigators over a period of several decades testifies to the lack of truth in any of the causes.

It is true that one may find coexisting diseases of the colon and that chronic bacillary dysentery and chronic amebic dysentery may almost exactly mimic idiopathic ulcerative colitis. Treatment of the specific infections early enough will cure them, and this fact has created much confusion. However, in true idiopathic colitis, no specific treatment available will cure and, after coexisting disease has vanished, the residual condition remains.

It should be made clear at this point that medical treatment is necessary for such things as anemia, hypoproteinemia, malnutrition, vitamin deficiencies, secondary infections, and so on, and should never be neglected. The acute fulminating case is an emergency requiring hospitalization and demanding the physician's utmost skill. Surgery may be necessary here and is always the final treatment in the rigid, scarred tube-like colon of advanced cases. What we are concerned with here are the chronic patients who have not yet developed advanced tissue changes.

The fundamental thesis remains. Can serious unconscious emotional conflicts produce an organic disease

*MODERN MEDICINE, Mar. 15, 1950, p. 73.

with destruction of tissue as in ulcerative colitis? In the opinion of Palmer and others, the answer is affirmative.

Recent work on lysozym reveals a very high concentration in the stools of patients with idiopathic ulcerative colitis during relapse and a fall during remissions. This enzyme dissolves away the protective mucous coating of the bowel and allows it to be attacked by the digestive enzymes. Presumably, lysozym secretion is under the control of the nervous system. Perhaps neutralization of lysozym will be possible by drugs.

As far as psychotherapy is concerned, psychoanalysis is not universally available or applicable to most patients, although theoretically best. Many patients will not accept psychotherapy as such. In many cases it is not feasible. Many physicians are extremely hostile to psychotherapy because of their own poorly resolved emotional conflicts and completely reject the concept and these men often severely traumatize the patient's sensibilities in the process. The identification in themselves of many of the emotional conflicts present in the patient causes marked discomfort.

Most patients can be greatly helped by such simple psychotherapy as allowing them to talk freely, suggesting changes in jobs, schooling, and the like, advice as to relaxation and hobbies, explanation, and reassurance. More complex psychotherapy requires skilled assistance from physicians trained in psychoanalytic technics and should not be attempted by those not so equipped. The physician should not inflict his own conflicts on the patients. He must listen with warm sympathetic understanding, realizing that he is not treating merely the colon but the whole human being. Unfortunately, some patients will not be treatable at any stage of the disease other than by extirpation of their colons. This is somewhat like burning down the barn to get rid of the rats.

The doctor who is uninterested in this aspect of treatment or repelled by it, should relinquish the patient to someone who is interested and capable of handling the case in this respect. The old general practitioner perhaps was not any great shakes as a scientist, but he understood his patients!

HAROLD C. CONN, M.D.

Detroit

► TO THE EDITORS: Ulcerative colitis must be viewed, as should all other illnesses, from the standpoint of the total organism, since an individual's bowel and its function or malfunction are as essential a part of his personality as is any other part of him. Thus, in my opinion, psychogenic factors in the etiology of ulcerative colitis are only a part, but quite a prominent part, of a complex psychosomatic problem, the clarification of many aspects of which awaits further study.

Certainly the condition affects people who have prominent neurotic conflicts and who are emotionally immature. Ulcerative colitis can be precipitated by emotional factors; psychotherapy should play an important part in its treatment.

EWIN S. CHAPPELL, M.D.

North Little Rock, Ark.

Diagnostix

Here are diagnostic challenges presented as they confront the consultant from the first clue to the pathologic report. Diagnosis from the **Clue** *requires unusual acumen and luck; from Part II, perspicacity; from* **Part III,** *discernment.*

Case MM-170

THE CLUE

ATTENDING M.D: We have a patient in the next room who coughed up about 1 cup of bright red blood last night. The man—he is fifty-six years old—was admitted to the hospital soon afterward.

VISITING M.D: Hemoptysis in a fifty-six-year-old man presents an interesting diagnostic problem. Had he been well previously?

ATTENDING M.D: No. In fact, he has been seen in this hospital twice in the last two months. Six weeks ago he was treated for what appeared to be bacterial pneumonia of the left lower lobe. Penicillin was effective and he was discharged after two weeks. His cough persisted, however, and three weeks ago a roentgenogram of the chest revealed a recurrence of the density in the left lower lobe. The film revealed unusually prominent pulmonary arteries bilaterally.

VISITING M.D: Had the lung cleared?

ATTENDING M.D: Not completely. Some residual infiltration, thought to be a resolving pneumonitis, persisted near the left hilum.

PART II

VISITING M.D: What work does the patient do?

ATTENDING M.D: Until two years ago he was a plumber's helper. At that time he was hospitalized elsewhere for pneumonia. His doctor told him the pneumonia was in the right lung. Later he took lighter employment in a soap factory.

VISITING M.D: Abrasives used in soap factories contain silica. The pneumoconioses must be kept in mind here. Did you look up his previous admission?

ATTENDING M.D: Yes. He had had a productive cough for three weeks. His sputum became very dark, blackish is the word he used. Two days before hospitalization, fever, chills, and pleuritic pains developed in the left chest. Physical findings were consistent with lobar pneumonia involving the left lower lobe with an overlying pleural effusion. A greenish yellow fluid, 600 cc., was removed from the pleural sac and penicillin instilled. Several twenty-four-hour sputum concentrates were examined for tubercle bacilli, but none were found. Sputum culture revealed type II pneumococcus. The blood Kahn was positive. Neurologic evidence of tabes dorsalis was noted. He had received treatment for lues four years previously. No sign of neurosyphilis activity was noted.

VISITING M.D: As I understand it,

the cough persisted. Was this productive?

ATTENDING M.D: It was. The yellowish sputum was often streaked with blood. Would you like to examine the patient?

PART III

VISITING M.D: Yes *(enters patient's room)*. The trachea is in the midline and there is no tracheal tug. The heart and aorta are not enlarged by percussion and auscultation of the heart reveals only a slight tachycardia. Resonance is diminished over the left lower lobe. Breath sounds are bronchial in character but distant, and tactile fremitus is somewhat impaired over the left lower lobe. These findings suggest pneumonia with overlying pleural fluid or pleural thickening. Do you have chest films? *(They leave the room.)*

ATTENDING M.D: Yes. The left lower lobe is dense but no pleural fluid is noted.

VISITING M.D: The aortic arch shows up well in this left oblique film. The arch is slightly elongated but there is nothing to suggest aneurysm. I can add nothing to your description of the pulmonary findings. There are no hilar nodes visible. Both upper lobes appear normal.

ATTENDING M.D: The only laboratory tests reported are a hemoglobin of 10 gm. and a leukocyte count of 15,400 with 80% neutrophils.

VISITING M.D: With the information at hand, I doubt if a definite diagnosis can be made, but some conditions are more likely than others. Tuberculosis, bronchiectasis, and mitral stenosis are common causes of hemoptysis. Numerous negative sputa examinations for acid-fast bacilli, normal appearing upper lobes, and the absence of calcified hilar nodes make tuberculosis a poor bet. Bronchiectasis is likely. After the pneumonia subsides, bronchograms and bronchoscopy are indicated.

NURSE: *(Hurrying down the corridor)* Doctor, the patient you examined just had a massive hemoptysis and expired.

PART IV

VISITING M.D: Either the aorta ruptured into the tracheobronchial tree or, more likely, a large pulmonary artery has been eroded by a malignant or infectious process in the lung. We cannot definitely exclude bronchogenic carcinoma, but the repeated bouts of pneumonia over a two-year period suggest bronchiectasis. Possibly a lung abscess developed as a complication of the previous attack of pneumonia. The abscess could have eroded a pulmonary artery or caused the formation of a so-called Rasmussen's aneurysm which ruptured, causing massive hemoptysis terminally.

ATTENDING M.D: *(Next day)* The autopsy on the patient you examined yesterday revealed an abscess, 3 by 4 cm., in the apex of the left lower lobe. A fairly large artery in the wall of the abscess had been eroded. Extensive bronchiectatic changes were present in both lower lobes. The pleura over the left lower lobe was thickened. No aneurysm was found.

British Health Services after 18 Months

WILLIAM R. FEASBY, M.D.*

Prepared for Modern Medicine

Dr. Feasby, Executive Editor of Modern Medicine of Canada, *has recently completed a tour of England, Australia, and New Zealand in his official capacity as Medical Historian for the Medical Services of Canada. Here he summarizes his observations of the working of the British Health Services Act which went into effect on July 5, 1948.*

In assessing the value of the British National Health Services, which have now been in operation for eighteen months, the needs of the people must be kept in mind.

Many of the fifty millions living in the British Isles inhabit densely populated areas, and the systems and services which have grown up with the centuries are extremely complex. The clothing and housing vary considerably from the south to the north, and the climatic conditions induce certain types of illness.

These factors, together with an aging population, the devastating effect of two recent wars, and the geographic apposition to the European battle cradle, have all combined to produce a pattern of existence and a state of mind which crystallize into a wish for social security.

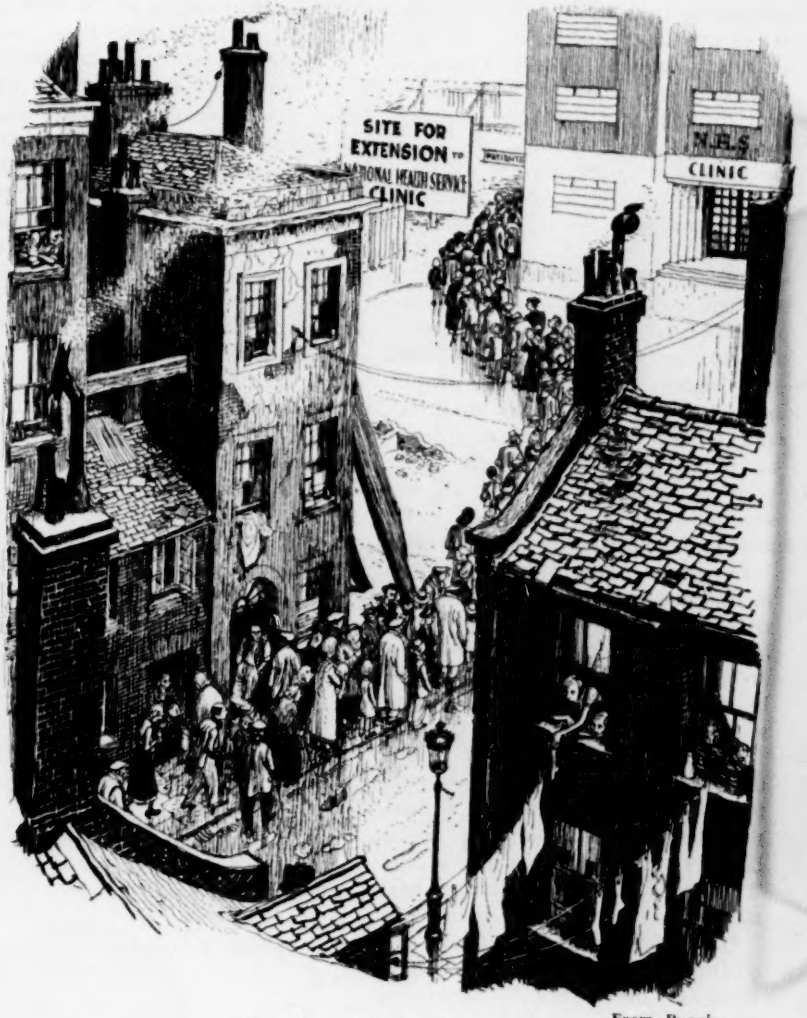
Many things were needed in the health sphere in the British Isles. A country where the pasteurization of milk is still not compulsory, in many places and where typhoid is still endemic could do much to improve the general public health. Control of tuberculosis and venereal disease, better care of the mentally ill, improved hospital facilities—all might have been tackled before an effort was made to distribute uniformly to every person in the United Kingdom a system of personal medical care.

It may be useful to review the happenings of the first eighteen months of the health services. In brief, the scheme has been a very bad thing for the doctors and the doctors' families. The patients have received a dubious improvement in medical care, in exchange for which they parted with 9/6 per week and spent hundreds of hours waiting in queues and in congested hospital clinics or doctors' offices.

The national budget has taken the most serious punishment, and a total of 300,000,000 pounds was spent in the first twelve months of the scheme's operation. This does not include many administrative charges or the cost of countless hours of discussion and wrangling both in the House of Commons and out.

* Executive Editor of Modern Medicine of Canada; Lecturer in Physiology, University of Toronto; Medical Assistant to the Superintendent, Toronto Western Hospital; and Medical Historian for Medical Services of Canada.

CARTOONIST'S COMMENT ON BRITISH PLAN



From *Punch*

PREVENTION IS BETTER

(Estimated additional expenditure on national health services for 1950, £129,000,000. Proposed in expenditure on housing for 1950, £24,000,000.)

It does show an excess of over 100% beyond estimated expenditures. It is difficult to understand how a minister of the Crown, entrusted with the responsibility of arranging a health service for a well-organized and civilized country, who knew the requirements and allowed himself the time he considered necessary to prepare the scheme, could have made such awful blunders in estimating the costs.

The British Government has by the new health legislation substituted pills and powders for food and sustenance. To the casual observer it is evident that the British people are underfed; they are as apathetic and as willing to stand in queues as were the prisoners-of-war after years of starvation. Despite all the semihysterical and semiofficial statements, the people are not well fed.

Energy is being spent on treatment, documentation, and organization in the medical services which could be better spent in the gardens, orchards, and fields of what might be an even more fertile and more self-supporting agricultural country.

On the other side of the ledger, the scheme has been extremely satisfying for the optician, the dentist, the chemist, and the drug manufacturer and for government bureaus. The opticians and the dentists have never been so busy in their lives.

Government supporters loudly and gleefully acclaim the excessively large demand for medical accessories. They say that it indicates that the people needed the spectacles and the dentures. This is only partially true, as there are thousands of instances where extra dentures were made, and much unnecessary work has probably been done.

The improvements which were to be expected, and would have been very desirable, are slow in coming. Development of new hospitals has been slow; during the past year the number of hospital beds in use has actually decreased. The projected new hospitals are good, but they overlook the principles of privacy and of individual variation and requirements.

The much talked of medical centers where doctors were to work in groups and have regular hours, adequate secretarial and nursing assistance, and facilities for minor treatment have not materialized. Building products are short in the United Kingdom; labor is very difficult to obtain. The laborers are tired; the craftsman is vanishing. It is therefore very difficult to get any construction done, and the medical cen-

"The father's name? Oh, I didn't know him that well!"

AN ADVANCE IN ANTIBACTERIAL THERAPY

IN THE SURGERY OF TRAUMA...

Furacin has been found extremely effective in combatting infections of abrasions and lacerations.* Its wide antibacterial spectrum in vitro, encompassing a variety of wound bacteria including the Clostridia, is of obvious advantage in such grossly contaminated lesions. Furacin® brand of nitrofurazone N.N.R. is available in 0.2 per cent concentration in water-miscible vehicles. It is indicated for topical application *in the prophylaxis or treament of surface infections* of wounds, severe burns, cutaneous ulcers, pyodermas, skin grafts and bacterial otitis. *Literature on request.*

EATON LABORATORIES, INC., NORWICH, N. Y.

The NITROFURANS

A unique class of antibacterials

*Phillips, F. and McCook, W.: *Early Management of Injuries of the Chest*, New Orleans M. & S. J. 102:101, 1949 • Shipley, E. and Dodd, M.: *Clinical Observations on Furacin Soluble Dressing in the Treatment of Surface Infections*, Surg., Gynec. & Obst. 84:366, 1947.

FURACIN SOLUBLE DRESSING • FURACIN SOLUTION • FURACIN ANHYDROUS EAR SOLUTION

ters, which were used as a political argument, have remained in the vapor stage.

The doctors are properly resentful of this. Many of them agreed to work in the new scheme hoping to provide better care for their patients and to have better facilities and better working conditions. The reverse has been the case. They have suffered greatly from overcrowding of offices and inadequate secretarial assistance, and the doctor's wife and family have been tremendously burdened on behalf of the whole community.

Meanwhile, the measures for public health which were so urgently needed have not been pushed forward with anything like the rapidity possible.

The medical profession is hopefully struggling on through the tremendous difficulties, saying that in a year or two the great demand for spectacles, appliances, and individual visits will decline.

And what do the consumers think of all this? Practically everyone is pleased to be able to prepay medical and hospital care. Only a very small percentage of the British people have declined this arrangement, but they are not satisfied with the care which has been provided.

A number of factors militate against any improvement. The excessive cost has compelled the government to reduce expenditures on the health services and to impose charges for the medicines which have been free until now. Many difficulties have prevented the erection of new hospitals. Inadequate staffs in the nursing and domestic branches of the Health Service have contributed to the closure of many beds. Medical personnel have left the country in thousands because of the appalling conditions in which they were expected to work. Thousands more would leave if they could.

The result is a most dissatisfied customer. Many reporting on the people's reactions in the past have reported that they are satisfied with the service. This is not the exact situation. They are satisfied with the prepayment principle, but they are not satisfied with the existing system of care and with the selection of specialists in hospitals.

It is perhaps significant that no party attacked the health scheme during the February general election campaign. Everyone recognizes that the scheme is in to stay and every effort is being made to work it out. The designs were immature, the operation has been expensive, and the results during the first eighteen months of operation have been poor. Previous British history indicates that some compromise solution will be reached.

"Positively no phone calls this afternoon, nurse."

Significant Control of Gastric Acidity in PEPTIC ULCER

In peptic ulcer and gastritis the value of Knox Unflavored Gelatine has been shown by clinical experience, for neutralizing gastric acidity and inactivating the gastric enzymes.

Knox Gelatine, with a pH of 6.2 to 6.5, exerts a significant control of gastric acidity for periods up to an hour. Being bland, it does not stimulate gastric secretion.

The use of this brand of U.S.P. gelatine in peptic ulcer and gastritic diets, as an ingredient of bland salads, main dishes and desserts is recommended by many physicians. And, at hourly intervals between meals, dissolved in water, milk or fruit juices, it provides control of the gastric secretions and gives relief from painful symptoms. Unlike factory-flavored gelatin dessert powders with their high sugar and acid content, Knox Gelatine is all protein, with no acid or sugar content.

Available at grocery stores in convenient 4-envelope and 32-envelope packages.

FREE DIETARY GUIDE BOOK FOR PEPTIC ULCER PATIENTS

"*The Peptic Ulcer Dietary*" contains diet charts, menus and recipes. A supply of these booklets is available to you upon request. Write Knox Gelatine, Dept. R-33, Johnstown, N. Y.

Short Reports

CARDIOLOGY

Heart Stimulants and Depressants

Rhythmic function of the heart is increased without pressor action by two recently studied sympathomimetic compounds, Isuprel and Butanephrine. Drs. M. H. Nathanson and H. Miller of Los Angeles find that the isopropyl homologue of epinephrine, Isuprel, which is given subcutaneously, has several advantages over the more widely used compound. Besides being nearly 5 times as active as epinephrine, Isuprel has no pressor action and does not induce ventricular fibrillation. Effects with intravenous Butanephrine are more rapid but less sustained than those following Isuprel. The depressor compound, alpha-fagarine, is apparently more highly effective and reliable than quinidine, but the toxic reactions are often severe.

California Med. 72:215-221, 1950.

ONCOLOGY

Stopping Cancer Growth

Interference with the growth of malignant tumors may be possible with two recently reported chemical compounds. Drs. D. M. Greenberg and E. M. Gal of the University of California, Berkeley, find that two of the malononitriles appear to be capable of retarding cancer growth by as much as 50%. Healthy tissues of the body are not affected by these chemicals.

EXPERIMENTAL MEDICINE

Carbohydrate Metabolism

Prolonged potassium deficiency appears to produce a chronic alarm reaction with changes in carbohydrate metabolism which may cause diabetic coma. The hyperglycemia, inhibition of tissue glycogenesis, diminution in circulating eosinophils, and enlarged adrenal glands of rats fed potassium-deficient diets suggest presence of the alarm reaction. For this reason, Dr. Lytt I. Gardner of University of North Carolina, Chapel Hill, and associates of Harvard University, Boston, believe that the administration of parenteral potassium solution for diabetic acidosis is justified.

J. Lab. & Clin. Med. 35:592-602, 1950.

NUTRITION

Invert Sugar Infusion

Intravenous infusions of invert sugar may be given twice as rapidly as dextrose solutions and without glycosuria. When 50 gm. of dextrose is administered in sixty-nine minutes, Dr. Jacob Joseph Weinstein of the George Washington University, Washington, D.C., finds that approximately 6% of the substance can be recovered in the urine. Less than 1% is lost when an equal amount of invert sugar is infused in thirty-four minutes. Therefore, more satisfactory caloric balance may be obtained by parenteral therapy with invert sugar than with dextrose.

M. Ann. District of Columbia 19:179-182, 1950.

ENDOCRINOLOGY

Effects of ACTH on Serum Cholesterol

During adrenal cortical stimulation with ACTH, esterified serum cholesterol may be an important precursor to the increased production of corticosteroid. During administration of large amounts of ACTH to healthy individuals and to patients with Cushing's syndrome, Dr. Jerome W. Conn and associates of the University of Michigan, Ann Arbor, observe a sharp fall in total serum cholesterol. Both the rate of fall and the percentage of decrease are considerably greater in the esterified than in the free fraction. Free cholesterol also returns to the base line value several days before the esterified fraction. No significant decrease occurs in Addison's disease. Since adrenal cholesterol is rapidly depleted by stimulation, cortical activity during prolonged periods of stress may be severely limited by hepatic insufficiency and the related decrease in the capacity to esterify cholesterol.

J. Lab. & Clin. Med. 35:504-517, 1950.

HONORS

Pharmacopeia Convention

Officers and trustees for the next ten years were elected at the decennial convention of the U.S. Pharmacopeia. Dr. A. H. Bunce has been elected president; Dr. T. G. Klumpp, vice-president; Dr. Adley B. Nichols, secretary; and Dr. W. Paul Briggs, treasurer. The new trustees are Drs. P. H. Costello, R. L. Swain, Austin Smith, Arthur C. DeGraff, Ernest Little, and Carson P. Frailey. The convention also elected a 60-member board of revision.

ANTIBIOTICS

Chloromycetin Toxicity

Blood and bone marrow changes may result from administration of Chloromycetin. Dr. Italo F. Volini and associates of Cook County Hospital, Chicago, describe 3 patients with either typhoid or brucellosis who had sharp drops in leukocyte and granulocyte counts during treatment with the antibiotic. Counts rose rapidly when therapy was discontinued. Erythroid bone marrow maturation was also arrested in 1 patient. Despite these hemopoietic changes, Chloromycetin was effective against typhoid and brucellosis infection in each case.

J.A.M.A. 142:1333-1335, 1950.

EXPERIMENTAL SURGERY

Arterial Homografts

Although long storage does not appear to influence immediate functional results of canine arterial homografts, a short period of storage is probably preferable. Careful technic of grafting seems to be the most important factor in achieving good results with arterial grafts. Dr. Henry Swan and associates of the University of Colorado, Denver, have used grafts after as long as six months' storage with few failures. The adventitia and the intima degenerate within a short time and are eventually replaced by tissue from the host regardless of the age of the graft. At least a part of the media, however, apparently survives. The elastic tissue endures in all grafts for as long as ten months, but smooth muscle cells do not survive in storage longer than forty days.

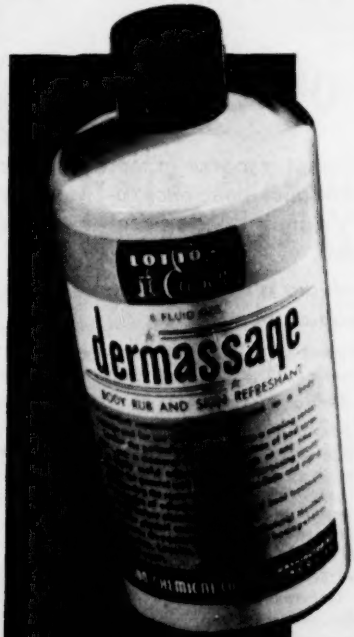
Surg., Gynec. & Obst. 90:568-579, 1950.

NURSING ARTS,
Mildred L. Montag, M.A., R.N., Margaret Filson, M.A., R.N., Saunders, 1948: p. 237—

"Back care cannot be over-emphasized."

p. 377—

"The practice of rubbing the skin, particularly the back, with alcohol to prevent pressure sores is not altogether logical. Alcohol is drying and a dry skin is more susceptible to cracking and irritation than is a somewhat oily skin surface . . . Therefore, some kind of lubricant, such as a lotion, seems to be indicated in the care of the back."



USED IN OVER 4,000 HOSPITALS

Advertised in American Medical Association Publications

HOW IMPORTANT IS PROTECTION of *the Bed Patient's Skin?*

DERMASSAGE is a soothing emollient cream, superior to alcohol for body massage, for use after bathing, and in measures for the prevention of bedsores. Water soluble lanolin (safe for use of allergic persons) and olive oil form the base for absorption. Contains also natural menthol U. S. P.; oxyquinoline sulphate, a non-toxic antiseptic and bacteriostatic having deodorant properties; and carbamide, whose solvent action on proteins aids removal of debris and dead tissue.

The singular function of DERMASSAGE is the protection of the skin of the hospitalized patient. Your supplier has DERMASSAGE.

EDISON'S

dermassage

You are invited to test **DERMASSAGE** firsthand

EDISON CHEMICAL COMPANY
30 W. Washington St., Chicago 2

Please send me, without charge, your PROFESSIONAL SAMPLE of Edison's DERMASSAGE.

Name _____

Address _____

MM 7-50

B-TWELV ORA

(SHERMAN)

IN FATIGUE DUE TO NUTRITIONAL B_{12} DEFICIENCY

VITAMIN B_{12} IN ORAL FORM

● Dietary deficiency of Vitamin B_{12} may result in macrocytic anemia, cytologically indistinguishable from the Addisonian types. Free hydrochloric acid in the gastric juice and response to the extrinsic factor are further clues to nutritional origin.[1]

Incipient deficiency states are more common; retardation of growth, loss of energy and appetite, fatigability are symptoms of early deficiency states, but are non-specific in character.[2]

When response to usual measures is unsatisfactory, B-Twelvora may be prescribed. One to three capsules daily (5 to 15 micrograms) is an adequate and safe dosage for incipient B_{12} deficiency.

For prompt response in more severe cas of nutritional deficiency B-Twelv-Crysta line Vitamin B_{12} Parenteral—is recom mended.

B-Twelvora is available on prescription all leading pharmacies.

1. Moore, C. V., Vilter, R., Minnich, V., a Spies, T. D., J. Lab. & Clin. Med. 29:125 (1944)
2. Youmans, J. B., Nutrition, Its Relation Deficiency Diseases. Kentucky M. J. 4 83-88 (1945)

Post yourself on the exceptional therapeutic value and clinical data of B-Twelvora and B-Twelv (Parenteral). Generous sample and this new booklet will be mailed to physicians on request.

SHERMAN LABORATORIES
G. H. Sherman, M. D., Founder
BIOLOGICALS • PHARMACEUTICALS
DETROIT 15, MICHIGAN

B-TWELV ORA
Available list No. 333. Bottles 100 capsules.

A NEW, DRAMATIC THERAPY FOR THE RELIEF OF PAIN AND LESIONS OF

HERPES ZOSTER

ALSO CLINICALLY PROVED FOR THE LIGHTNING PAINS AND ATAXIA OF TABES DORSALIS

DESCRIPTION: Protamide is a sterile, aqueous colloidal solution of a specially processed proteolytic enzyme, for the maximum relief of nerve root pains of Herpes Zoster and Tabes Dorsalis.

CLINICAL RESULTS: Highly gratifying clinical results have been obtained with the use of **Protamide** (Sherman) in the treatment of the extremely resistant herpes syndrome. Pain has been relieved in the great majority of herpes cases within four to forty-eight hours and lesions have healed in ten days or less—regardless of the particular nerve roots involved. Complete clinical data may be obtained by writing for the Protamide literature on Herpes Zoster and a recent reprint on Protamide for Tabes Dorsalis.

DOSAGE: In Herpes Zoster the recommended dosage is 1.3 cc of Protamide intramuscularly each day from two to four days. No contraindications or incompatability have been reported to date. All Protamide is clinically tested for positive results. Can be stored at room temperature without loss of potency.

SHERMAN LABORATORIES
G. H. Sherman, M. D., Founder
BIOLOGICALS • PHARMACEUTICALS
DETROIT 15, MICHIGAN

* REGISTERED U. S. TRADE MARK

PATHOLOGY

Experimental Diabetes Mellitus

Some organic reagents are capable of producing diabetes mellitus in animals. Of the six reagents tested by Dr. Ichiro Kadota of Kyoto University, Japan, two, oxine and dithizone, produced similar patterns of initial hyperglycemia, followed by hypoglycemia, then a gradual rise in blood sugar to permanent diabetes. With dithizone, these changes took place in about twenty-four hours. The action of oxine was somewhat slower. Diphenylthiocarbazide caused only a slight elevation of blood sugar; quinaldinic acid, anthranilic acid, and 4-hydroxybenzthiazol produced no changes. Since the beta cells of the islets of Langerhans contain zinc, the reagents probably act by linking with the zinc and destroying the cells. During permanent oxine and dithizone diabetes, the islets are small and composed principally of alpha cells.

J. Lab. & Clin. Med. 35:586-591, 1950.

PEDIATRICS

Children's Disease Research

Grants for research in children's diseases have been given to 4 New York City physicians by the Playtex Park Research Institute. Drs. Samuel Z. Levine of Cornell University and Richard L. Day of Columbia University will study the problem of premature birth. The other two grants will finance studies of food sensitization in unborn infants by Dr. Bret Ratner of the New York Medical College, and of child growth by Dr. Ephraim Shorr of Cornell University.

EXPERIMENTAL SURGERY

Mechanical Heart

Coagulable blood can be taken from any part of the body and used to perfuse any organ of the body with an artificial heart made from a dog's aorta. Dr. Lucien Brull of the Université de Liége, Belgium, uses a roller pulley to propel blood in the aorta. Pressure is regulated with a shunt. Systolic output can be controlled and the number of beats varied by raising or lowering the rollers and regulating the speed of the pulley. The artificial heart is capable of an output of 700 to 1,000 cc. per minute.

Science 111:277-278, 1950.

ARTHRITIS

Pituitary Gland Implantations

Rheumatoid arthritis may be considerably improved with the implantation of the anterior part of calf pituitary glands. Dr. Gunnar Edström of the University Hospital, Lund, Sweden, has used this treatment recently for 26 patients with good results. Of the 9 who have been observed for more than three months, 4 have been completely free of joint symptoms, 2 have had relapses after being free of symptoms, 1 has shown considerable improvement, and 2 have had little change. The beneficial effect is usually shown within twenty-four hours by diminishing joint and muscle stiffness. Results are best in patients under the age of forty. Another patient, with malignant rheumatoid arthritis and endocrine disturbances, was benefited for ten years after implantation.

Ann. Rheumat. Dis. 9:22-27, 1950.

here's health...

to your patients... YEAR-'ROUND!

With Florida Frozen Concentrated Orange Juice—made from choice, fresh Florida oranges—the generous *daily* ingestion of refreshing, taste-tempting citrus juices is now a practical reality...and no trouble at all. The Frozen Concentrate preserves the delicious flavor of famed Florida oranges at their best—and comes to the consumer with the same high nutritional content as fresh juice. It is an excellent source of natural fruit sugars for easy-to-use energy,[1,2] and, by virtue of its notably high content of vitamin C with other nutrients,* assists markedly in improving stamina,[3] growth,[4] and resistance to disease.[5] Young and old, healthy and convalescent—virtually everyone benefits from consuming liberal amounts of citrus fruits and juices daily—whether frozen, fresh or canned.

FLORIDA CITRUS COMMISSION
LAKELAND, FLORIDA

*Among the richest known sources of vitamin C are the citrus fruits. They also contain vitamins A, B, and P, and readily assimilable natural fruit sugars, together with other factors such as iron, calcium, citrates and citric acid.

References:

1. Gordon, E. J., Nutritional and Vitamin Therapy in General Practice, Year Book Pub., 3rd ed., 1941.
2. Macdonald, T. C., Food Research, 7: 106, 1942.
3. McLester, J. S., Nutrition and Diet, Saunders, 4th ed., 1944.
4. Rose, M. S., Rose's Foundation of Nutrition, rev. by Taylor and Macleod, Macmillan, 4th ed., 1944.
5. Sherman, H. C., Chemistry of Food and Nutrition, Macmillan, 7th ed., 1941.

FLORIDA
Oranges • Grapefruit • Tangerines

PARASITOLOGY

Heart Trouble and Dysentery

Myocardial damage may result from chronic bacillary dysentery. The condition probably represents an allergic reaction against the infection. Drs. Daniel N. Silverman and Benjamin O. Morrison of New Orleans found that myocarditis completely disappeared after eradication of the dysentery bacilli from the intestines of 2 patients. Some myocardial damage persisted in a third case.

New Orleans M. & S. J. 102:481-484, 1950.

GENETICS

Skin Carcinogenesis

For individuals of Scotch-Irish-English ancestry and perhaps for all homozygous blue-eyed persons, sunlight appears to be the most important factor in producing carcinoma of the skin. Of the 100 patients with cutaneous cancer who were examined by Dr. A. Fletcher Hall of the University of Southern California, Los Angeles, 87% had light-colored eyes. Only 2 of the entire group had no known blue-eyed inheritance. Blondness does not appear to be a factor in skin carcinogenesis, since dark hair occurred nearly twice as often in this group as light hair. The lineage of two-thirds of the carcinoma patients was traced to the British Isles, although persons of this descent do not predominate in the population from which the cases were derived. Persons of British ancestry are often unable to acquire a thick enough stratum corneum for protection against rays of carcinogenic wave lengths in the amounts encountered in Texas, Arizona, and southern California. Such rays occur in small amounts in the British Isles.

Arch. Dermat. & Syph. 61:589-610, 1950.

"The fact is, John, you can't continue to live like a prince and still feel like a barefoot boy."

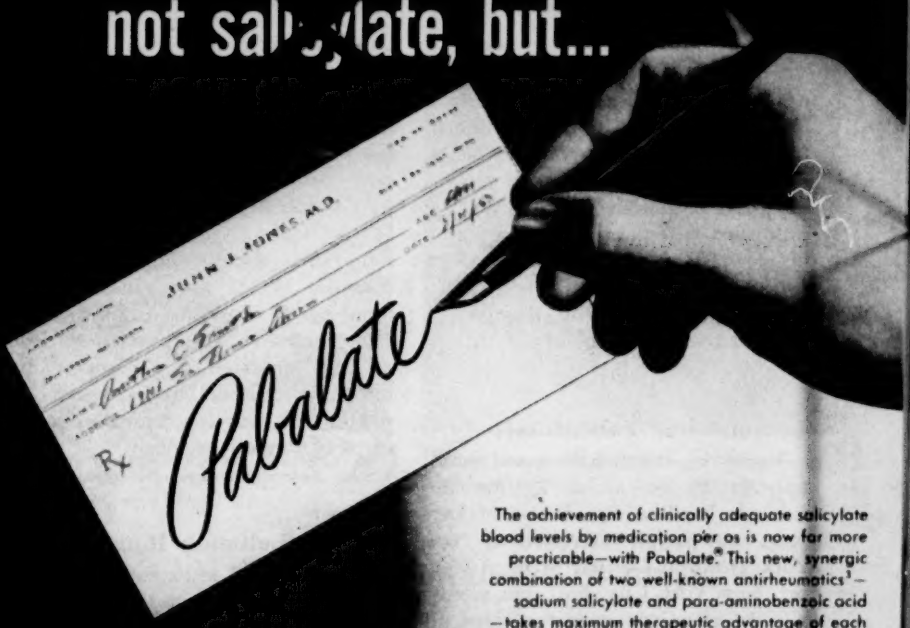
Life's Weary Moments

Think of a gag that fits the illustration. For every issue a new gag is published and the author is sent $5. The July 1 winner is

A. G. Heininger, M.D.
Gardner, Mass.

Mail your caption to
The Cartoon Editor
Caption Contest
No. 1
MODERN MEDICINE
84 South 10th St.
Minneapolis 3, Minn.

not sal[illegible]late, but...



AN EFFECTIVE AGENT

FOR MORE SUCCESSFUL

ANTIRHEUMATIC ACTION

The achievement of clinically adequate salicylate blood levels by medication per os is now far more practicable—with Pabalate.® This new, synergic combination of two well-known antirheumatics[1]—sodium salicylate and para-aminobenzoic acid—takes maximum therapeutic advantage of each drug's remarkable ability to elevate materially the blood level of the other,[1,2,4] when given together.

Particularly in cases resistant to the maintenance of requisite blood levels, Pabalate affords an effective agent for more successful antirheumatic action.

It is available in two forms: *Tablets* (enteric-coated to obviate gastric irritation), and chocolate-flavored *Liquid* (highly acceptable at all ages, particularly by children).

Each Pabalate Tablet or each 5 cc. (one teaspoonful) of Pabalate Liquid contains: Sodium Salicylate, U.S.P. (5 grs.) 0.3 Gm.; Para-aminobenzoic Acid (as the sodium salt) (5 grs.) 0.3 Gm.

INDICATIONS: rheumatoid arthritis, acute rheumatic fever, fibrositis, gout, osteoarthritis. The Liquid is also recommended as a simple analgesic and antipyretic to replace aspirin or other salicylate therapy.

SUPPLIED: Pabalate Tablets in bottles of 100 and 500. Pabalate Liquid in pints and gallons.

REFERENCES: 1. Belisle, M.: Union Med. Can., 77:392, 1948. 2. Dry, T. J. et al.: Proc. Staff Meetings Mayo Clin., 21:497, 1946. 3. Rosenblum, H. and Fraser, L. E.: Proc. Soc. Exper. Biol. and Med., 65:178, 1947. 4. Salassa, Bollman and Dry: J. Lab. Clin. Med., 33:1393, 1948.

A. H. ROBINS CO., INC. • RICHMOND 20, VA.

Ethical Pharmaceuticals of Merit since 1878

Robins

WORLD HEALTH

International Pharmacopoeia

The World Health Organization has completed the English edition of the first International Pharmacopoeia. This edition will not be issued, however, until a French version has been prepared. The two will be published simultaneously, probably before the end of 1950. A third edition with a Spanish text is to be published later. The price of the Pharmacopoeia will be about $6.

ANTIBIOTICS

Treatment of Tuberculosis

Viomycin, isolated from soil mold, appears to be active against the tubercle bacillus. Drs. Walsh McDermott and Ralph Tompsett of New York Hospital–Cornell Medical Center, New York City, find that viomycin is effective against strains of tubercle bacilli which have become resistant to other antibiotics. The substance causes some toxic reactions but can be used for long periods of treatment, nevertheless.

BACTERIOLOGY

Radiation Infections

Lethal doses of total body x-radiation produce fatal infections by releasing bacteria from the intestines into the blood stream. Dr. C. Phillip Miller and associates of the University of Chicago find that, in mice, body radiation damages the intestinal mucosa which prevents spread of these bacteria in healthy animals. The natural defenses against this septicemia are also destroyed by irradiation.

Science 111:540-541, 1950.

ENDOCRINOLOGY

Diabetic Acidosis

An increase in adrenal activity apparently accompanies diabetic acidosis. In 6 patients hospitalized for this condition, Dr. Janet W. McArthur and associates of Massachusetts General Hospital, Boston, and Mayo Clinic, Rochester, Minn., found that the rate of corticosteroid excretion was 2 to 8 times as high immediately after hospitalization as after recovery. The severity of the acidosis appeared to determine the rate of excretion. Gross adrenal hyperactivity usually appears late in cases of diabetic acidosis.

J. Clin. Endocrinol. 10:307-312, 1950.

RADIOLOGY

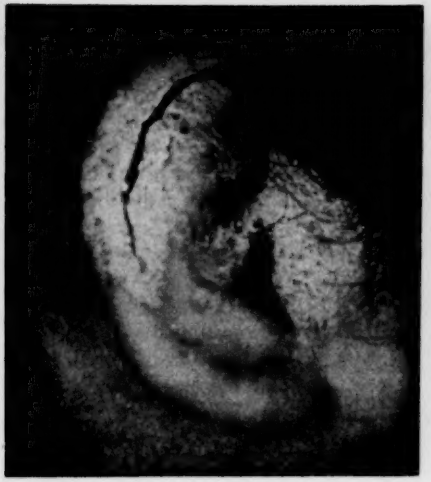
Atomic Radiation Data

Experimental research data on the effects of atomic radiation which have been collected by the Navy will be made available to civilian doctors and medical officers in the armed services and federal agencies. Slide study sets and literature concerning radiation lesions have been prepared by the Naval Medical Research Institute, Bethesda, Md., for distribution to naval hospitals throughout the country. Arrangements for civilian use of this material will be made through local county medical societies.

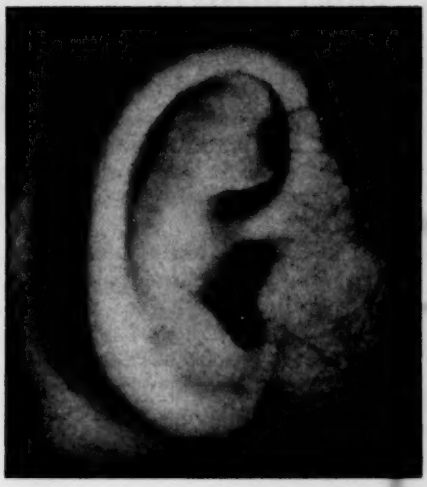
HONORS

President of Medical Examiners

Dr. Howard Thomas Karsner, Medical Research Advisor to the Surgeon General of the Navy, will serve for the next three years as president of the National Board of Medical Examiners.



Photograph above shows psoriasis of 25 years' duration.



Same case after 20 days' treatment with Mazon.

MAZON *for the symptomatic treatment of psoriasis' erratic behavior*

● Even with extensive involvement, profuse scaling or the threat of exfoliative dermatitis, local therapy in psoriasis with Mazon is usually justified because symptomatic results and clearance of lesions are often excellent.

As demonstrated clinically for over 25 years, Mazon efficiently arrests psoriatic lesions when systemic or metabolic involvement is not manifested, even though the condition is generalized and stubbornly resistant to other local therapy.

Mazon is a compound of mercury salicylate ⅓ gr. to the ounce, benzoic acid, sodium stearate, salicylic acid and tars.

BELMONT LABORATORIES, Philadelphia, Pa.

MAZON

ALLERGY

Banana Antigenicity

Patients who are sensitive to raw banana can probably be given dehydrated banana flakes without allergic manifestations. Drs. Joseph H. Fries of the Jewish Hospital, Brooklyn, and Israel Glazer, Tel Aviv, find that guinea pigs cannot be sensitized or shocked with an extract of dehydrated banana, neither do injections of this product sensitize the animals to raw banana. Intracutaneous testing and passive transfer studies of patients who are strongly sensitive to the raw fruit produce uniformly negative reactions to the dehydrated product. Heat processing is also known to reduce the anaphylactogenic properties of other food atopens.

J. Allergy 21:169-175, 1950.

PUBLIC HEALTH

Cancer Diagnosis

Gastric carcinoma can sometimes be discovered in the early, silent stage by intensive examination of selected groups of persons. In a cancer detection survey, Dr. David State and associates of University of Minnesota, Minneapolis, found a frequent association of achlorhydria and hypochlorhydria with gastric cancer. Of other possible cancer predispositions, only pernicious anemia showed a significant relationship with gastric cancer. Although a familial tendency for carcinoma of the stomach is generally accepted, no such correlation was found in this survey. Evidence is not conclusive for generation of cancers from gastric polyps.

J.A.M.A. 142:1128-1133, 1950.

Doctor to Doctor

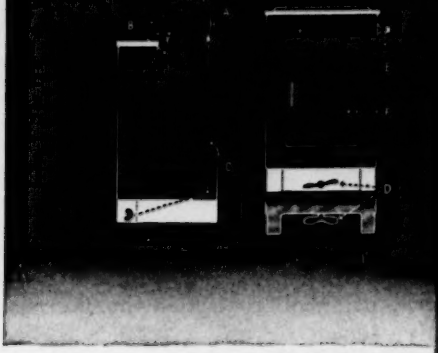
Think of a gag that fits the illustration. For every issue a new gag is published and the author is sent $5. The July 1 winner is

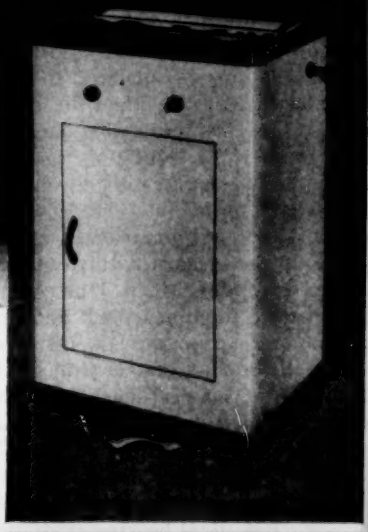
S. W. Weisberg, M.D.
Chicago

Mail your caption to
The Cartoon Editor
Caption Contest
No. 2
MODERN MEDICINE
84 South 10th St.
Minneapolis 3, Minn.

"Surely I'd like a new car. But of course, as an allergist, I have to scratch for a living."

Ultra-Modern in every detail





"American" CABINET MODEL
SMALL INSTRUMENT STERILIZERS

combine *exclusive* highlights in design and construction that insure greater operating safety, convenience and long periods of satisfactory service.

(a) **Cover** – fabricated of stainless steel and elevating to full 90° angle to permit easy removal of tray without interference.

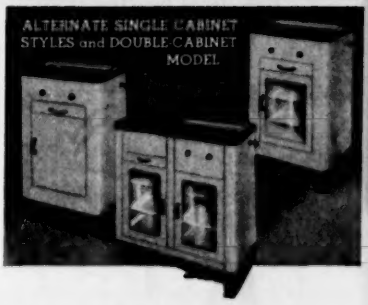
(b) **Cover** – elevates to 30° angle before immersed tray starts to raise, thus enabling operator to observe water level at all times to insure immersion of instruments.

(c) **Cover Elevating Mechanism** – Concealed entirely within cabinet, thus allowing cabinet to be placed flush against the wall.

(d) **Recessed Foot Pedal** – Eliminates tripping annoyances and permits greater freedom of access for operator.

(e) **Drain Faucet** – a special screw-type valve which will not stick or score and may be taken apart instantly for cleaning without tools.

(f) **Doors** – Solid double-panel or glass, hung on fully concealed steel hinges, fitted with Bakelite handle, spring catches and rubber bumpers.



BURN-OUT-PROOF!
An automatic safety measure protecting both Sterilizer and instruments against possible damage due to depletion of water supply in chamber.

ASK YOUR DEALER or write us for further information

AMERICAN STERILIZER COMPANY
Erie, Pennsylvania

Washington Letter

Federal Aid to Medical Cooperatives Becoming an Issue

With closing of Congress, legislative books will be wiped clean. If a bill has not been enacted, it must be introduced again when the newly elected Congress meets next January. For some fringe legislation, and for most purely political bills, this means legislative oblivion. The sponsors won't bother with them again, or will bring up the ideas in a different way.

One exception is Sen. Humphrey's bill (S.1805) to grant federal financial assistance to cooperatives and other nonprofit organizations for the establishment of medical facilities, principally clinics. A Senate subcommittee held brief hearings on this, as other subcommittees did on literally hundreds of bills destined for nowhere. But this hearing indicated that both sponsors and critics of S.1805 are prepared for a long-drawn-out tussle.

There is the slightest of possibilities that the bill, in an amended form, will slip through Congress in the closing days. The bill is much more likely to die, but be revived next January and become a major point of contention in the next Congress.

Although organizations in cities would not be barred, the bill holds out most promise to farmers and small-town people, whose organizations either do not have access to existing medical facilities or for whom there are no such facilities.

Under terms of the bill, such groups could apply for a grant or long-term, low-interest loan. If the surgeon general is assured that the organization is sound and dependable and that there is a need for such medical facilities, he may grant the assistance. The only other important requirement is that the surgeon general be satisfied with the type of medical care the organization proposes to supply through the clinic, hospital, or laboratory.

"Well, that's that. From now on it's his problem."

Curity® KERLIX® ROLLS

are so much SOFTER than ordinary gauze!

Only when you handle a CURITY *KERLIX* Roll can the superior softness, the "live" fluffiness and resiliency of this unique dressing be appreciated properly. Then you will see why KERLIX Rolls are *better* for head bandages, compression dressings, postoperative "fluffs," almost any situation where softness, conformability and resiliency are at a premium.

You'll see that each thread in KERLIX Rolls is permanently crinkled. FOR A FREE SAMPLE, send in the coupon below today.

easier to apply
•
extra-conformable
•
resilient and fluffy
•
extra-absorbent
•
mildly elastic

A product of

BAUER & BLACK

Division of The Kendall Company, Chicago 16

Curity

*FREE SAMPLE of Curity KERLIX Roll to physicians on request. Address Dept. MM0-7, Bauer & Black, 2500 S. Dearborn St., Chicago 16, Ill.

Name_____, M.D.

Address_____

City_____ Zone____ State_____

Benefits would not be limited to labor unions, fraternal organizations, and cooperatives, although there is some question as to just how many other groups could qualify. Sen. Humphrey informed *Modern Medicine* that Blue Cross and similar medical groups would be eligible if their plans conform to requirements laid down by the surgeon general.

In the course of two days of hearings, Sen. Humphrey indicated that he was willing to accept a number of amendments. He agreed to several detailed definitions, including a more specific explanation of the term "comprehensive medical care" as carried in the bill. He also said that he was not averse to writing out more restrictions on the surgeon general and rules for his guidance.

It was pointed out to Sen. Humphrey that actually the FSA administrator, under whom the surgeon general serves, would be the supreme authority. The Senator said that the governmental structure has to be taken "as is," and that this channeling of authority to the FSA head would have to be retained, at least for the first few years of operation.

Sen. Humphrey agreed immediately to another important change. He said that the facilities of the proposed clinics and laboratories should be thrown open to the general public and not limited to members of the organizations as stipulated in the bill.

However, on one fundamental issue, federal control, no suggestion of a compromise has been made. This will probably be the decisive question when and if the bill reaches the House and Senate for a vote.

Sen. Humphrey admits frankly that the bill by-passes all state officials. This means that the state would have no control over these federal funds spent in its territory and that there would not necessarily be a correlation between proposed facilities and existing facilities. Also, the surgeon general, in deciding whether to authorize assistance, would not be required to heed the hospital needs survey which all states conducted under the Hill-Burton hospital construction act.

Just as frankly, Sen. Humphrey stated his reasons for by-passing the states. He said that cooperatives and other proposed beneficiaries have had difficulty in getting cooperation from state hospital boards. The reason, he said, is that such state controlling bodies reflect the thinking of medical associations rather than of cooperatives.

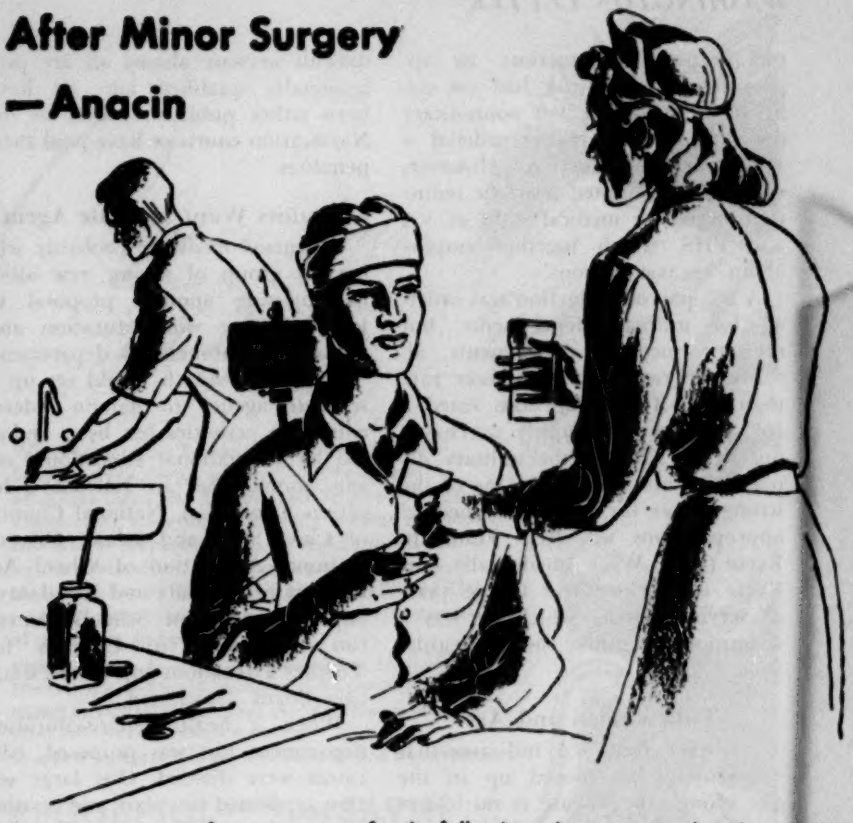
Actually, if control and spending were channeled through the states, there would be no particular need for the legislation; under the Hill-Burton act, funds could be granted for hospitals or clinics of any size.

To this, Sen. Humphrey's reply is that these small groups are not being assisted by Hill-Burton funds now and that they wouldn't be in the future, because of unsympathetic control at the state level.

Medicine and Economy Cuts

Government medical services were treated with extreme consideration when the House economy bloc knocked 200,000 federal jobs out of the omnibus appropriations bill. At the same time, the House gave final approval to $150,000,000 for Hill-Bur-

After Minor Surgery —Anacin



In many cases of pain, following minor surgery, Anacin serves as a mild sedative as well as a fast, long-lasting analgesic. It brings effective relief of simple pain without the necessity of resorting to hypnotics or narcotics. Furthermore, Anacin helps relieve the nervous tension which often follows minor surgery. The time tried and proved APC formula of Anacin is quick-acting with a duration of effect exceeding that of plain aspirin. Available at all drug stores and hospital pharmacies. Trial samples sent upon request.

ANACIN®

WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N. Y.

ton hospital construction; its appropriations committee had cut the figure to 75,000,000. For nonmilitary departments, the House ordered a 10% payroll reduction. However, specifically exempted from the reductions were the medical staffs of VA and PHS, which together employ about 125,000 persons.

A 2% payroll reduction was ordered for military departments, but military medical departments already are reducing at a faster rate than that. The House also voted a 10% reduction in supply purchases, but again VA and the military departments are exempted. One of the strong forces for preserving medical appropriations was Rep. Frank B. Keefe (Rep., Wis.). Incidentally, Mr. Keefe is retiring after twelve years of service, during which he was a champion of public health legislation.

Tuberculosis and Age

A survey from VA indicates that tuberculosis has moved up in the age group; the disease is no longer one of youth but has shifted to middle age and older brackets. The number of World War I veterans receiving care for service-connected tuberculosis is 7 times greater than that for World War II. Because of this development, VA estimates that its peak load for tuberculosis cases will not be reached until 1955.

Nazi Doctors in U.S. Zone

American health officials in Germany report a new problem. Nazis are working their way back into important positions in the medical and health fields. Eliminating them is difficult because almost all are professionally qualified and all have been either publicly cleared by de-Nazification courts or have paid their penalties.

Educators Want Separate Agency

Organized medicine probably will have a group of strong new allies in opposing another proposal to join medicine with education and welfare in a cabinet-rank department.

Legislation which would set up a separate agency to handle federal education activities has been endorsed by six national educational organizations. They are National Education Association, National Council of Chief State and School Officers, National Association of School Administrators, County and Rural Area Superintendents of Schools, American Association of Colleges for Teacher Education, and State Education Board Association.

When a health-welfare-education department last was proposed, educators were divided. One large section supported the plan, and another expressed no opinion. Now, the bulk of educational associations are committed to join with medicine in working for separate departments.

Washington Notes

► Food and Drug Administration officials say they have not agreed to wink at refilling of potent prescriptions without the doctor's authorization; they just haven't enough staff to prosecute all these cases.

► A PHS experiment indicates that the general public can answer correctly only about 1 out of 4 elementary questions on diabetes.

Only on your Rx . . .

When prescribing Ergoapiol (Smith) with Savin for your gynecologic patients, you have the assurance that it can be obtained only on a written prescription, since this is the only manner in which this ethical preparation can be legally dispensed by the pharmacist. The dispensing of this **uterine tonic,** time-tested ERGOAPIOL (Smith) WITH SAVIN —only on your prescription—serves the best interests of physician and patient.

INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: One to two capsules, three to four times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.

ERGOAPIOL (SMITH) WITH SAVIN

Literature Available to Physicians Only.

Ethical protective mark, M.H.S., visible only when capsule is cut in half at seam.

MARTIN H. SMITH COMPANY
150 Lafayette Street • New York 13, N. Y.

Current Books & Pamphlets

This catalogue is compiled from all available sources, American and foreign, to insure a complete listing of the month's releases.

Medicine

THE CHEMICAL ANALYSIS OF FOODS: A PRACTICAL TREATISE ON THE EXAMINATION OF FOODSTUFFS AND THE DETECTION OF ADULTERANTS *by* Henry Edward Cox. 4th ed. 340 pp., ill. J. & A. Churchill, London. 28s.

ALLERGY *by* Arthur F. Coca *et al.* 135 pp., ill. New York Academy of Sciences, New York City. $2.50

DICTIONNAIRE DES TERMES TECHNIQUES DE MÉDECINE *compiled by* M. Garnier *and* V. Delamare. 15th ed. 1,038 pp. Librairie Maloine, Paris. 1200 fr.

Surgery

TECHNIQUES DE CHIRURGIE PELVIENNE *by* R. Michel-Béchet. 122 pp., ill. Gaston Doin & Co., Paris. 380 fr.

PYE'S SURGICAL HANDICRAFT *edited by* Hamilton Bailey. 16th ed. 736 pp., ill. John Wright & Sons, Bristol, England. 25s.

EXERCISES CHIRURGICAUX (DE L'AMPHITHÉATRE À LA SALLE D'OPÉRATION) *by* J. Sarroste *and* R. Carillon. 2d ed. 441 pp., ill. Librairie Maloine, Paris. 2100 fr.

Gynecology & Obstetrics

TOPOGRAPHICAL HAND ATLAS, HUMAN SEX ANATOMY: MEDICAL ASPECTS OF HUMAN FERTILITY *by* Robert Latou Dickinson. 2d ed. 145 pp., ill. Williams & Wilkins Co., Baltimore. $10

Cancer

THÉORIE PARASITAIRE DU CANCER D'APRÈS LES TRAVAUX DE VON BREHMER *by* Ch. Guilbert. 152 pp., ill. Gaston Doin & Co., Paris. 650 fr.

Orthopedics

THE PATHOLOGY OF ARTICULAR AND SPINAL DISEASES *by* Douglas H. Collins. 331 pp., ill. Edward Arnold & Co., London. 35s.

L'ORGANISATION DES OS *by* P. Lacroix. 230 pp., ill. Masson & Co., Paris. 900 fr.

AFFECTIONS MÉDICALES ET CHIRURGICALES DU PIED *by* R. Massart. 152 pp., ill. Gaston Doin & Co., Paris. 470 fr.

Respiratory Tract

LA LOBECTOMIE SUPÉRIEURE *by* A. Maurer *et al.* 72 pp., ill. Vigot Frères, Paris. 300 fr.

Otolaryngology

LES SUPPURATIONS CHRONIQUES DE L'OREILLE MOYENNE *by* R. Maduro *et al.* 344 pp. L'Expansion Scientifique Française, Paris. 950 fr.

Pediatrics

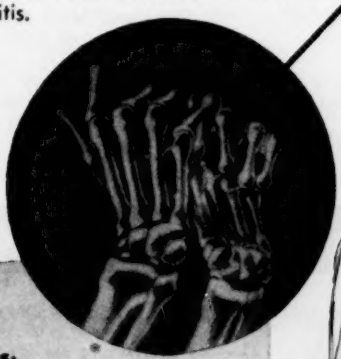
COMMON PROCEDURES IN THE PRACTICE OF PAEDIATRICS *by* Alan Brown *and* F. F. Tisdall. 4th ed. 308 pp., ill. McClelland & Stewart, Toronto. $4.75

VADE-MECUM DE THÉRAPEUTIQUE INFANTILE *by* G. Mouriquand *and* D. Dechavanne. 537 pp. Vigot Frères, Paris. 1300 fr.

Good Grip Restored

In arthritis involving the hands, hips or any other joints, restoration of function and diminution of pain are best accomplished by complete systemic rehabilitation.

Darthronol—furnishing the antiarthritic effects of massive dosage of Vitamin D and the nutritional benefits of 8 other vitamins—plays an important role in the rehabilitation of patients afflicted with chronic arthritis.



EACH CAPSULE CONTAINS:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A (Fish Liver Oil)	5,000 U.S.P. Units
Vitamin C (Ascorbic Acid)	75 mg.
Vitamin B1 (Thiamine Hydrochloride)	3 mg.
Vitamin B2 (Riboflavin)	2 mg.
Vitamin B6 (Pyridoxine Hydrochloride)	0.3 mg.
Niacinamide	15 mg.
Calcium Pantothenate	1 mg.
Mixed Tocopherols (Equivalent to 3 mg. of Synthetic Alpha Tocopherol)	4 mg.

CAUTION: To be dispensed only on the prescription of a physician.

Darthronol

for the ARTHRITIC

J. B. ROERIG & COMPANY • 536 LAKE SHORE DRIVE, CHICAGO 11, ILL.

Pharmacology

THE OFFICIAL PREPARATIONS OF PHARMACY *by* Charles Oren Lee. 528 pp., ill. C. V. Mosby Co., St. Louis. $5.50

ANTIBIOTICS *by* Robertson Pratt *and* Jean Dufrenay. 255 pp., ill. J. B. Lippincott Co., Philadelphia. $5

THE SULPHONAMIDES *by* F. Hawking *and* J. Stewart Lawrence. 389 pp. H. K. Lewis & Co., London. 42s.

Social Medicine

THE CONDUCT OF LIFE ASSURANCE EXAMINATIONS *by* Edward M. Brockbank. 3d ed. 171 pp. H. K. Lewis & Co., London. 12s. 6d.

THE FUTURE IN MEDICINE: THE MARCH OF MEDICINE, 1949. 160 pp. Columbia University Press, New York City. $2.50

Radiology

PRÉCIS DE TECHNIQUE RADIOLOGIQUE *by* A. Nègre *and* F. Rouquet. 2d ed. 317 pp., ill. Gaston Doin & Co., Paris. 960 fr.

Psychiatry

PERSPECTIVES IN NEUROPSYCHIATRY: ESSAYS PRESENTED TO FREDERICK LUCIEN GOLLA BY PAST PUPILS AND ASSOCIATES *edited by* D. Richter. 236 pp. H. K. Lewis & Co., London. 15s.

ADAPTATION *edited by* John Romano. 113 pp. Cornell University Press, Ithaca, New York. $2

Proctology

TREATMENT IN PROCTOLOGY *by* Robert Turrell. 248 pp., ill. Williams & Wilkins Co., Baltimore. $7

Allied Sciences

AN ATLAS OF CAT ANATOMY *by* Hazel E. Field *and* Mary E. Taylor. 75 pp., ill. University of Chicago Press, Chicago. $3.75

TEXTBOOK OF ANATOMY AND PHYSIOLOGY *by* Carl C. Francis *and* G. Clinton Knowlton. 2d ed. 624 pp., ill. C. V. Mosby Co., St. Louis. $6.25

Physiology

PRINCIPLES DE PHYSIOLOGIE GÉNÉRALE *by* Henri Fredericq. 4th ed. 468 pp., ill. Masson & Co., Paris. 1500 fr.

HANDBOOK OF PHYSIOLOGY AND BIOCHEMISTRY *by* Robert J. S. McDowell. 40th ed. 767 pp., ill. John Murray, London. 30*s*.

PHYSIOLOGIE DU SYSTÈME NERVEUX CENTRAL *by* Georges Morin. 270 pp., ill. Masson & Co., Paris. 950 fr.

Biography

BOWERY TO BELLEVUE: THE STORY OF NEW YORK'S FIRST WOMAN AMBULANCE SURGEON *by* Emily Dunning Barringer. 262 pp. W. W. Norton & Co., New York City. $3

MR. CARLYLE, MY PATIENT: A PSYCHOSOMATIC BIOGRAPHY *by* James L. Halliday. 227 pp. William Heinemann, London. 15*s*.

THE REMINISCENCES OF A PHYSICIAN *by* Bernard Myers. 159 pp., ill. A. H. and A. W. Reed, Wellington, New Zealand. 10*s*. 6*d*.

Vitamins

VITAMIN METHODS: VOLUME I *edited by* Paul György. 571 pp., ill. Academic Press, New York City. $10

Public Health

NEW DISCOVERIES IN MEDICINE: THEIR EFFECT ON THE PUBLIC HEALTH *by* Paul R. Hawley. 134 pp., ill. Columbia University Press, New York City. $2.50

COMMUNITY HEALTH ORGANIZATION *edited by* Ira Vaughan Hiscock. 4th ed. 278 pp. Commonwealth Fund, New York City. $2.75

HEALTH GUIDES AND GUARDS *by* Francis P. Wall *and* Louis D. Zeidberg. 4th ed. 390 pp., ill. Prentice-Hall, New York City. $4

Nursing

INTRODUCTION TO PSYCHIATRIC NURSING *by* Marion E. Kalkman. 336 pp. McGraw-Hill Book Co., New York City. $3.75

PATIENTS . . . I Have Met

The editors will pay $1 for each story published. No contributions will be returned. Send your experiences to the Patients I Have Met Editor, MODERN MEDICINE, 84 South Tenth St., Minneapolis 3, Minn.

An Overtime Proposition

One of my patients is an industrial contractor. His small daughter was approaching her eighth birthday and wanted a baby brother for a present.

"But, Janie," protested the father, "there isn't time. You'll be eight in two weeks."

"I know, Daddy," she replied, "but can't you put more men on the job?" —B.J.C.

"Now, Doctor, tell the court in your own words exactly what I told you to say."

What Did He Think?

Mrs. Smith had just had a barium enema examination and was sitting in the outer office waiting for her ride home. When I came out, I wasn't sure whether the technician was through with her and unthinkingly blurted out, "Did the technician get all she wanted out of you?"—E.E.B.

a single dose yields **8 to 24 hours' relief** from hay fever

● The formula makes the difference. This new antihistaminic, DI-PARALENE Hydrochloride, has a piperazine base instead of the conventional ethylenediamine. Compared with short-acting antihistaminics, DI-PARALENE is outstanding in its long duration of action.

Initially DI-PARALENE should be administered in 50-mg. doses three times a day for the average adult, but this dosage in most cases can soon be reduced to one or two doses daily. When DI-PARALENE is taken at bedtime, relief may be obtained throughout the night. Many times, no additional dosage is required until the next bedtime.

In general, there are fewer side-effects than usually expected with drugs of this type, the degree and range of effectiveness equal or better. This hay fever season try DI-PARALENE—available through pharmacies everywhere in 25-mg. and 50-mg. tablets, bottles of 100 and 500. Abbott

Note the Name

DI-PARALENE Hydrochloride

(CHLORCYCLIZINE HYDROCHLORIDE, ABBOTT)

Embarrassing Moment

I was very busy when confronted with a patient who stated that she had a discharge, so I asked the nurse to take her to the examining room and get her ready while I took care of the next patient.

Despite the patient's protests the nurse persuaded her to lie down and place her feet in the stirrups. Then I rushed in and did an internal examination. I found nothing wrong, so I demanded somewhat impatiently, what other symptoms she had.

"None there, doctor," she said with a tinge of sarcasm, "the discharge is from my ear."—K.C.L.

"It wasn't bad," trilled the new mother. "You see he was a seduced labor."—F.A.B.

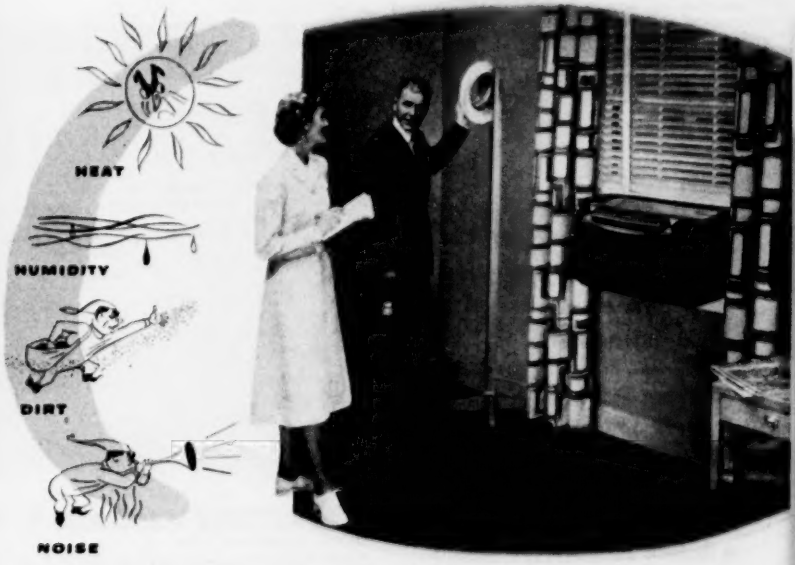
Surprise Attack

She was a young primipara, who had led a rather cloistered life. A few symptoms developed which could possibly indicate the onset of labor, so I told her to report to my office. After the usual preliminaries, she was draped and I started to make a rectal examination. When I inserted my finger, a look of surprise stole over her face.

"Uh, doctor," she said, hesitantly, "you couldn't be wrong, could you?"—E.A.F.

A TWO-GLASS SPECIMEN

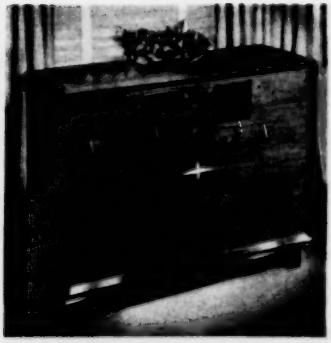
This summer—hang your hat in a cool, refreshing office!



—it costs much less than you think!

WHAT A BLESSING for you *and* your patients—a Philco Air Conditioner in your office! It brings in fresh outside air, cools, dehumidifies and circulates it. It removes stale air and odors. It keeps your office cool and refreshing no matter how hot and humid the weather.

Window Sill Models in ivory or two-tone tan, service offices up to 400 sq. ft. floor areas. Prices begin at $289.50. See your Philco dealer now.



PHILCO CONSOLES for rooms or offices up to 550 sq. ft. floor areas are beautifully designed in rich walnut veneers with top finished in simulated antique leather. Easily, quickly installed—no plumbing. Model 75-FC.

PHILCO
ROOM AIR CONDITIONERS

INDEX TO ADVERTISERS

The publishers are not responsible for any errors or omissions.

FOR THE DOCTOR'S OFFICE PRACTICE

BILIPOSOL

TRADE MARK REG. U. S. PAT. OFF.

A Special LIPOID SOLUBLE BASIC BISMUTH in clear homogeneous oil solution FOR SUCCESSFUL TREATMENT OF ALL STAGES OF

SYPHILIS

★ **Painless Intramuscular Injection**

★ **RAPID SPIROCHAETICIDAL ACTION**

THE TREPONEMA USUALLY DISAPPEAR FROM THE LESIONS IN 24 HOURS FOLLOWING THE FIRST INJECTION

★ **EARLY NEGATIVE WASSERMANN**

★ **IMMEDIATE ABSORPTION WITH SLOW ELIMINATION**

Renal elimination of bismuth commences rapidly and three hours after injection the metal is demonstrable in the urine. It continues after cessation of the treatment up to 1½ to two months.

BILIPOSOL HAS STOOD THE TEST OF TIME

BILIPOSOL, in Boxes of 12, 50 and 100 ampoules, each containing 8 ctg. bismuth,
IS OBTAINABLE FROM LEADING PHYSICIANS' SUPPLY HOUSES, RETAIL AND WHOLESALE DRUGGISTS OR FROM

ULMER LABORATORIES
414 So. Sixth Street Minneapolis, Minnesota

Sole General Distributor for United States and Canada

LITERATURE TO PHYSICIANS ON REQUEST

Symptoms of nasal allergy can be abolished effectively by direct application of antihistaminic to the mucous membrane. In combination with Neo-Synephrine—the time-tested, dependable decongestant —Thenfadil hydrochloride, new highly active antihistaminic, produces particularly rapid and prolonged decongestion and relief.

Neo-Synephrine® Thenfadil

HIGHLY EFFECTIVE DECONGESTANT ANTIHISTAMINIC

For symptomatic control of hay fever, vasomotor rhinitis, common cold and sinusitis.

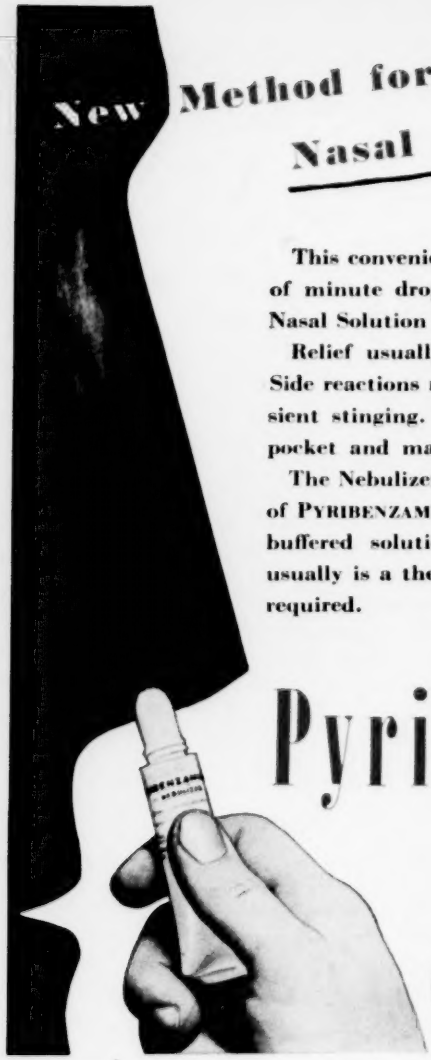
Well Tolerated—No Drowsiness—Neo-Synephrine Thenfadil nasal solution in clinical tests was well tolerated except for a transitory stinging in a few cases. There was essential freedom from central nervous system stimulation: trepidation, restlessness, insomnia; neither was there drowsiness.

Effective—In hay fever, vasomotor rhinitis, common cold and sinusitis, excellent results were reported in nearly all cases. There was prompt, prolonged decongestion without compensatory vasodilatation. Repeated doses did not reduce the consistent effectiveness.

Dose: 2 or 3 drops up to ½ dropperful three or four times daily. Neo-Synephrine Thenfadil solution contains 0.25 per cent Neo-Synephrine hydrochloride and 0.1 per cent Thenfadil hydrochloride (N, N-dimethyl-N'-(3-thenyl)-N'-(2-pyridyl) ethylenediamine hydrochloride) in an isotonic buffered aqueous vehicle. Supplied in bottles of 30 cc. (1 fl. oz.) with dropper.

Winthrop-Stearns INC. • NEW YORK, N. Y. • WINDSOR, ONT.

Neo-Synephrine, trademark reg. U. S. & Canada, brand of phenylephrine
Thenfadil, trademark



New Method for Relief of Allergic Nasal Symptoms

This convenient plastic Nebulizer distributes a mist of minute droplets of PYRIBENZAMINE hydrochloride Nasal Solution throughout the nasal passages.

Relief usually is immediate—complete—prolonged. Side reactions rarely occur except for occasional transient stinging. It is convenient to carry in purse or pocket and may be used at any time in any place.

The Nebulizer provides several hundred applications of PYRIBENZAMINE hydrochloride 0.5% in an isotonic, buffered solution. One application in each nostril usually is a therapeutic dose and may be repeated as required.

Pyribenzamine Nebulizer

Ciba PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, N. J.

PYRIBENZAMINE ® (brand of tripelennamine) 2/1554M